State of California

Department of Developmental Services

Program Plan
Information and Development
ICF/DD-N

Health Facilities Program Section
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814
(916) 654-1965
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Section I:
Introduction

DEPARTMENT OF DEVELOPMENTAL SERVICES AT A GLANCE

~ VISION ~

BUILDING PARTNERSHIPS, SUPPORTING CHOICES

~ MISSION ~

The Department of Developmental Services is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices.

Department of Developmental Services

The State of California has a commitment to provide services and supports to individuals with developmental disabilities throughout their lifetime. These services and supports are provided through a combination of federal, state, county and local government services, private businesses, support groups, and volunteers.

The Department of Developmental Services provides leadership and funding for these services and supports through five state developmental centers, two state-operated community facilities, and contracts with twenty-one agencies called regional centers. The regional centers have offices throughout California to provide a local resource to help find and access the many services available to individuals with developmental disabilities and their families.

Developmental Disabilities

To be eligible for services, the disability must begin before the person's 18th birthday, be expected to continue indefinitely, and present a significant disability. Also, the disability must be due to one of the following conditions: mental retardation, cerebral palsy, epilepsy, autism, and disabling conditions closely related to mental retardation or requiring similar treatment. Developmental disability does not include other conditions that are solely attributable to a psychiatric, physical, or learning disability.

The Lanterman Act

The Lanterman Developmental Services Act, passed in 1969, defines the rights of persons who have developmental disabilities, ensures that eligible individuals will receive appropriate services, and defines how those services will be delivered. The Lanterman Act provides the framework for the mission and goals of the department and makes sure that the interests and needs of individuals who have developmental disabilities will not be ignored. As well, it establishes the structure and principles of California's developmental disabilities services system and defines the roles and responsibilities of DDS, the regional centers, and other related entities. With respect to community services, the Act provides for the establishment of a network of non-profit community agencies (regional centers) to provide fixed points of contact for individuals and their families. The purpose of the fixed points of community contact is to provide families access to services best suited to meet the needs of the persons who have developmental disabilities throughout their lifetimes. DDS, responsible for providing policy direction and oversight to the community services delivery system, is the state-contracting agency for regional centers.

DEPARTMENT OF DEVELOPMENTAL SERVICES
HEALTH FACILITIES PROGRAM SECTION

The Health Facility Program Section (HFPS) is responsible for specified activities involving health facilities including Intermediate Care Facilities for the developmentally disabled (ICF/DD), habilitative (ICF/DD-H), nursing (ICF/DD-N) and continuous nursing programs (ICF/DD-CN). These facilities provide 24-hour personal care, developmental and habilitative training and health services in community settings to adults and children with developmental disabilities.

Specific functions and responsibilities of the HFPS are as follows:

- Provide consultation and technical assistance to existing and potentially new ICF/DD providers, Department of Health (DHS), Licensing and Certification offices and regional center community resource developers in the planning, development and placement of clients.

- Review and approve Qualified Mental Retardation Professional (QMRP) and/or ICF/DD, DD-H, DD-N Administrator qualifications and initial ICF/DD, DD-H, DD-N Program Plans including conversions from community care facilities and change of ownership. Review notifications of changes to existing program plans, age range changes and changes in type of ownership.

- Review and approve Medication Training Program Plans. Review and approve Nursing Attendant Training Plans and Specialized Procedures for ICF/DD-Nursing Programs. Provide consultation, technical assistance to and liaison with nurses, facility and regional center staff.

- Manage crises, in coordination with DHS, Department of Social Services (DSS) and individual regional centers relative to the closure or threatened closure of residential programs that include ICF/DD, ICF/DD-H, ICF/DD-N, ICF/DD-CN, pediatric sub-acute programs, and community care facilities.

- Serve as the Department's resource and liaison contact on sub-acute care programs with DHS concerning contract monitoring, rates and program development.

- Monitor and maintain the HFPS ICF database of providers; input data for current licensing and certification status of facilities and providers that HFPS receives from the DHS Provider's Certification Unit.

- Perform administrative activities such as legislative bill analysis, review and approval of eight-hour provider training and orientation curricula, and participate in work groups with other departments relative to the ICF/MR programs and facilities.

- Assist in the resolution of issues between providers and regional centers, DHS, licensing and certification, and Medi-Cal offices.

- Review DHS citations information and interface with providers and regional centers.

October 5, 2004

CALIFORNIA REGIONAL CENTERS

Regional Center	Contact Information	Area Served:
Alta California Regional Center 2135 Butano Drive Sacramento, CA 95825	916/978-6400 Fax: 916/489-1857 Web site: www.altaregional.org	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba
Central Valley Regional Center 4615 North Marty Avenue Fresno, CA 93722-4186	559/276-4300 Fax: 559/276-4450 Web site: www.cvrc.org	Fresno, Kings, Madera, Mariposa, Merced, Tulare
Eastern Los Angeles Regional Center 1000 South Fremont Alhambra, CA 91802-7916 P. O. Box 7916 Alhambra, CA 91802-7916	626/299-4740 Fax: 626/281-0730 Web site: www.elarc.org	Alhambra, East Los Angeles, Northeast, Whittier
Far Northern Regional Center 1900 Churn Creek Road, #319 Redding, CA 96002 P. O. Box 492418 Redding, CA 96049-2418	530/222-4791 Fax: 530/222-8908 Web site: www.farnothernrc.org	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity
Frank D. Lanterman Regional Center 3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010	213/383-1300 Fax: 213/383-6526 Web site: www.lanterman.org	Central, Glendale, Hollywood-Wilshire, Pasadena
Golden Gate Regional Center 120 Howard Street, Third Floor San Francisco, CA 94105	415/546-9222 Fax: 415/546-9203 Web site: www.ggrc.org	Marin, San Francisco, San Mateo
Harbor Regional Center 21231 Hawthorne Boulevard Torrance, CA 90503 PO Box 2930 Torrance, CA 90509	310/540-1711 Fax: 310/540-9538 Web site: www.hddf.com	Bellflower, Harbor, Long Beach, Torrance
Inland Regional Center P. O. Box 6127 San Bernardino, CA 92412-6127	909/890-3000 Fax: 909/890-3495 Web site: www.inlandrc.org	Riverside, San Bernardino
Kern Regional Center 3200 North Sillect Avenue Bakersfield, CA 93308 P. O. Box 2536 Bakersfield, CA 93303	661/327-8531 Fax: 661/324-5060 Web site: www.kernrc.org	Inyo, Kern, Mono
North Bay Regional Center 10 Executive Court Napa, CA 94558 P. O. Box 3360 Napa, CA 94558	707/256-1100 Fax: 707/256-1112 Web site: www.nbrc.org	Napa, Solano, Sonoma
North Los Angeles County Regional Center 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	818/778-1900 Fax: 818/756-6140 Web site: www.nlacrc.org	East Valley, San Fernando, West Valley, Antelope Valley
Redwood Coast Regional Center 525 Second Street, Suite 300 Eureka, CA 95501	707/445-0893 Fax: 707/444-3409 Web site: ww.redwoodcoastrc.org	Del Norte, Humboldt, Mendocino, Lake
Regional Center of the East Bay 7677 Oakport Street, Suite 1200 Oakland, CA 94621	510/383-1200 Fax: 510/633-5020 Web site: www.rceb.org	Alameda, Contra Costa

October 5, 2004

CALIFORNIA REGIONAL CENTERS

Regional Center	Contact Information	Area Served:
Regional Center of Orange County 801 Civic Center Drive West, Suite 300 Santa Ana, CA 92701 P. O. Box 22010 Santa Ana, CA 92702-2010	714/796-5100 Fax: 714/541-3021 Web site: www.rcocdd.com	Orange
San Andreas Regional Center 300 Orchard City Drive, Suite 170 Campbell, CA 95008 P. O. Box 50002 San Jose, CA 95150-0002	408/374-9960 Fax: 408/376-0586 Web site: www.sarc.org	Monterey, San Benito, Santa Clara, Santa Cruz
San Diego Regional Center 4355 Ruffin Road, Suite 205 San Diego, CA 92123-1648	858/576-2932 Fax: 858/576-2873 Web site: www.sdrc.org	Imperial, San Diego
San Gabriel/Pomona Regional Center 761 Corporate Center Drive Pomona, CA 91768	909/620-7722 Fax: 909/622-5123 Web site: www.sgprc.org	El Monte, Monrovia, Pomona, Foothill
South Central Los Angeles Regional Center 650 West Adams Boulevard, Suite 200 Los Angeles, CA 90007-2545	213/763-7800 Fax: 213/744-7068 Web site: www.sclarc.org	Compton, San Antonio, South, Southeast, Southwest
Tri-Counties Regional Center 520 East Montecito Street Santa Barbara, CA 93103	805/962-7881 Fax: 805/560-3944 Web site: www.tri-counties.org	San Luis Obispo, Santa Barbara, Ventura
Valley Mountain Regional Center 7109 Danny Drive Stockton, CA 95210 P. O. Box 692290 Stockton, CA 95269-2290	209/473-0951 Fax: 209/473-0256 Web site: www.vmrc.net	Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
Westside Regional Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953	310/258-4000 Fax: 310/649-1024 Web site: www.westsiderc.org	Inglewood, Santa Monica-West

INTERNET REFERENCE LIST

Department of Developmental Services Home Page	**www.dds.ca.gov**
DDS: Information on Intermediate Care Facilities Information on Intermediate Care Facilities serving developmentally disabled persons licensed by the Department of Health Services.	**www.dds.ca.gov/LivingArrang/icf.cfm**
DDS: Information on Community Care Facilities Information on service levels of community care facilities vendored by regional centers and licensed by Community Care Licensing.	**www.dds.ca.gov/livingarrang/ccf.cfm**
DDS: Directory of Regional Centers Information on regional center locations and areas served.	**/www.dds.ca.gov/rc/rclist.cfm**
DDS: Title 17 Regulations Regulations promulgated by the Department of Developmental Services.	**www.dds.ca.gov/Title17/T17main.cfm**
Centers for Medicare & Medicaid Services ICF/MR Program Information Site.	**www.cms.hhs.gov/medicaid/icfmr**
California Code of Regulations Website Title 22 regulations pertaining to Intermediate Care Facilities.	**ccr.oal.ca.gov**
California Law Website: For information on the Welfare & Institutions Code, Health & Safety Code, etc.	**www.leginfo.ca.gov/calaw.html**
California Department of Consumer Affairs For information on licenses, complaints and certification of professional staff.	**www.dca.ca.gov**
California Association of Health Facilities A non-profit statewide professional association for long-term care providers.	**www.cahf.org**
Developmental Services Network A coalition of ICF/MR providers who operate facilities serving 15 or less individuals.	**www.developmentalservicesnetwork.org**

HEALTH FACILITIES PROGRAM PLAN DEVELOPMENT

Section II:
Process and Application

INTERMEDIATE CARE FACILITY PROGRAM TYPES
(ICF/DD, ICF/DD-H, ICF/DD-N, ICF/DD-CN)

Intermediate Care Facilities (ICF) are health facilities licensed by the Licensing and Certification Division of the California Department of Health Services to provide 24-hour-per-day services. The four types of ICFs providing services for Californians with developmental disabilities in the community are:

ICF/DD (Developmentally Disabled)

"Intermediate care facility/developmentally disabled" is a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

ICF/DD-H (Habilitative)

"Intermediate care facility/developmentally disabled-habilitative" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.

ICF/DD-N (Nursing)

"Intermediate care facility/developmentally disabled-nursing" is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

ICF/DD-CN (Continuous Nursing) Pilot Program

These facilities provide services similar to ICF/DD-N services with the addition of 24-hour skilled nursing services (licensed vocational nurse and registered nurse) for those consumers whose medical conditions require continuous nursing care and observation. The ICF/DD-CN facilities provide these services for 4-15 consumers in a community-based living arrangement, with preference given to facilities serving 4-6 individuals. The pilot project is currently limited to selected participants and no new facilities are currently being developed.

*Source: Health & Safety Code online: www.leginfo.ca.gov

PROGRAM PLAN PROCESS OVERVIEW

The ICF facility types are as follows:

- ICF/DD* – Intermediate Care Facility for the Developmentally Disabled
- ICF/DD-H - Intermediate Care Facility for the Developmentally Disabled-Habilitative
- ICF/DD-N - Intermediate Care Facility for the Developmentally Disabled-Nursing
- ICF/DD-CN** - Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing

*Development of this facility type is not described in this packet, as it has not been identified as a need since regional centers began developing facilities of 15 beds or less.

**Development of this facility type is not described in this packet, as it is a pilot project and limited to selected participants.

Opening a small community based health facility for the developmentally disabled is a complicated process. Each prospective provider must work with many agencies during the facility development process.

The California Code of Regulations, Title 22, requires that a facility program plan be submitted to the Department of Developmental Services for review and approval prior to Department of Health Services issuing a license to operate.

To determine if there is a need for the type of facility you want to open, contact the regional center Resource Developer in your catchment area (See the Regional Center Phone List, Section I). You may need to adjust your plans and services to meet the needs identified by the regional center.

After determining the type of facility, you will need to do the following to develop your Program Plan:

- ✓ Review the program plan packet.
- ✓ Attend the 8-hour Provider orientation (if you have not previously attended).
- ✓ Consult with a Registered Nurse to formulate your Medication Training Program Plan (both facility types) and Attendant training (ICF/DD-N only).
- ✓ Use the Program Plan Checklist, Medication Training Program Plan Checklist, Title 22 Regulations, and the Code of Federal Regulations as your guide to develop your Program Plan.
- ✓ Use the checklists to ensure that all topic areas are discussed.

Forms and information are included to assist in the development of your plan. Forms and information included correspond to attachments #4, #5, and #9 (See Program Plan Checklist, Section 3-2, page 6).

When your plan is complete, submit the following:

1. Health Facilities Program Application Form – DS 1852 (complete both pages).
2. Program Plan packet and attachments.
3. Consultants qualifying documents.
4. Completed checklists.

Submit your Program Plan Packet to the address below:

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814

The analyst in your catchment area will review your plan for clarity and content using the Program Plan Checklist. You will be contacted if changes to your program plan are required.

The Nurse Consultant will review the Medication Training Plans, Attendant Training, and Specialized Procedures.

INFORMATION ON NAVIGATING THE AGENCIES

An understanding of the difference between the *licensure* and *certification* process is important for prospective providers. A *license* is granted when the facility meets the initial requirements to open its doors and admit clients. A *certification* is the review process that is conducted to ensure that the facility meets the federal standards of participation in the Medi-Cal Program.

It is the certification portion of the process that qualifies the facility for the daily reimbursement from Medi-Cal. It is imperative that the licensee and facility staff involved understand that the facility must remain in **continuous** compliance with all federal and state regulations. Failure to do so jeopardizes the facility's certification and Medi-Cal reimbursements.

Potential applicants interact with the following regulatory and state governmental entities that are responsible for different aspects of the licensing and certification process including, but not limited to:

- **Regional Center**: Determines the need for services and placement of clients.
- **Department of Developmental Services (DDS), Health Facilities Program Section (HFPS):** Review and approves program plans.
- **Department of Health Services (DHS), Licensing and Certification**: Grants licenses and conducts certification surveys.
- **Department of Health Services, Medi-Cal Field Office:** Reviews and approves initial and continued client eligibility for level of care.
- **Department of Health Services, (DHS) Life Safety Code Unit:** Conducts the Life and Safety Survey.
- **Electronic Data System (EDS):** Reviews billings/processes and issues Medi-Cal payments.

It is essential that applicants become familiar with the state and federal regulations and the process for initial licensure and certification.

ICF DD-H and ICF DD-N
REQUIREMENT FOR NEW PROVIDER ORIENTATION
EIGHT-HOUR PROVIDER TRAINING

The Health and Safety Code Section 1268.6 requires that a prospective applicant or designee of the applicant, attend a mandatory eight-hour orientation program approved by the Department of Developmental Services. It is the responsibility of the applicant/designee to obtain this mandatory training prior to initial licensure of an intermediate care facility for habilitative or nursing services.

The program plan packet must contain a copy of the certificate demonstrating proof of attendance for the eight hours training (Attachment #3 on the checklist). If proof of attendance is not submitted, the review process will not commence and the program plan will be returned to the applicant/designee.

The following contains the names of the entities that currently provide approved training:

AGENCY NAME AND ADDRESS	CONTACT PERSON AND PHONE
Spring Lake Training Center 18800 Amar Road, Suite C12 Walnut, CA 91789	Harviena Williams (626) 913-0751
California Association of Health Facilities 2001 K Street Sacramento, CA 95814	Seminar Program Manager (916) 441-6400
Millennium Education and Health Care Associates P. O. Box 78 Chino Hills, CA 91709	Lilly Daniels (888) 897-8912 (24 hours)
Vail and Associates 39120 Argonaut Way #709 Fremont, CA 94538	Gretchen Vail (510) 792-0991

Note: All prospective applicants/designees are referred to the Health and Safety Code section referenced on the next page.

CALIFORNIA HEALTH AND SAFETY CODE
SECTION 1268.6

1268.6. Commencing July 1, 1997, it shall be a requirement of initial licensure of an intermediate care facility/developmentally disabled-habilitative or an intermediate care facility/developmentally disabled-nursing that the applicant or designee of the applicant attend an eight-hour orientation program approved by the State Department of Developmental Services.

(a) The eight-hour orientation program shall outline the role, requirements, and regulations of each of the following:

(1) The scope of responsibility for operation including regulatory requirements and statutes governing the facility type.
(2) Cost reporting.
(3) Local planning.
(4) Regional center and other community support services.
(5) All federal and state agencies responsible for licensing and certification, and data collection.
(6) Government and private agencies responsible for ensuring the rights of the developmentally disabled.

(b) The orientation shall be conducted by relevant community services and provider organizations. Organizations conducting the orientation class shall be responsible for keeping a record of all attendees and shall provide the department with the information within 15 working days or upon request. Instructors of the orientation must have knowledge or experience in the subject area to be taught, and shall meet any of the following criteria:

(1) Possession of a four-year college degree relevant to the course or courses to be taught.
(2) Be a health professional with a valid and current license to practice in California.
(3) Have at least two years experience in California as an administrator of a long-term health care facility that provides services to persons with developmental disabilities within the last eight years.

(c) If the licensee can demonstrate to the satisfaction of the department that the licensee or a representative of the licensee has taken the orientation program within a two-year period prior to opening a new facility, the licensee shall not be required to repeat the program to open the facility. This subdivision shall become inoperative on July 1, 2001.

(d) On or after July 1, 2001, if the licensee can demonstrate to the satisfaction of the department that the licensee, or a representative of the licensee, has taken the orientation program any year prior to opening a new facility, the licensee shall not be required to repeat the program to open the facility.

APPROVAL AND NOTIFICATION INFORMATION

The Health Facilities Program Section (HFPS) Application is used for processing transactions involving the operations of Intermediate Care Facilities (ICF) for the Developmentally Disabled (ICF/DD), Habilitative (ICF/DD-H), Nursing (ICF/DD-N) and Continuous Nursing (ICF/DD-CN) Programs.

DDS uses the updated Health Facilities Program Application Form (DS 1852) as a control document for the initial program plan review, Qualified Mental Retardation Professional (QMRP) approvals and notification of changes to your approved program plan.

APPROVALS:

For an initial Program Plan approval, you will receive an approval letter and a signed copy of the DS 1852. Any QMRP changes made after the initial program plan approval need to be reviewed and approved by the HFPS staff. Submit a copy of the QMRP applicant's degree, license or qualifying document and a copy of their resume along with the application completed front and back.

You will receive a decision on the requested action via a signed copy of your Application form DS 1852. If the assigned analyst has any questions you will be contacted by phone, email or fax.

NOTIFICATIONS:

The California Code of Regulations, Title 22 Section 73859 and Section 76857 states: "*Any changes in the facility operation which alter the contents of the approved program plan, including changes of approved staff, shall be reported to the Department of Developmental Services within 10 working days"*. Notifications of any changes to the program plan by a provider (other than the QMRP approval outlined above) should be provided to the Department in writing via mail or fax. The department does not provide letters of approval for these changes. If the Department has questions about your changes, the assigned analyst will contact you by phone, email or fax.

For changes to the facility ID Team Consultant staff other than the QMRP, it is the responsibility of the facility to obtain and maintain the current license or other qualifying document, resume and contract. A DS 1852 form is not required for staff changes.

DDS keeps a database of all ICF/DD type facilities. We request your assistance to ensure that we have up to date information on file. Please use the DS 1852 form to keep DDS updated with changes in addresses, email and phone numbers.

With your request for approval or notification of change, please submit any supportive documents with the HFPS Application indicating the type of change to:

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street Room 320, MS 3-9
Sacramento, CA 95814

The application, along with the supportive documents, will facilitate and expedite the processing of your request/notification while providing an official record of your transaction. If you have any questions regarding this process, contact the Health Facilities Program Section at (916) 654-1965 or send an e-mail to ddshfps@dds.ca.gov.

HEALTH FACILITY PROGRAM PLAN APPLICATION

PRINT RESET FORM

DS 1852 (Rev. 7/2004) (Electronic Version)

REQUEST FOR APPROVAL:

- ○ Initial Program Plan approval:
  - ○ Conversion from CCF level _____ facility
  - ○ Change of ownership
  - ○ New facility
- ○ QMRP Approval: Attach copy of degree and resume

NOTIFICATION OF CHANGES:

- ○ Changes to existing Program Plan
- ○ Change of address or phone
- ○ Other: _____

LICENSE CATEGORY:

☐ ICF/DD-H Program Plan ☐ ICF/DD-N Program Plan ☐ ICF/DD Program Plan: Annual Approval

FACILITY NAME: _____ Telephone: (____) _____

***MEDI-CAL PROVIDER ID** #05G_____ **or** #55G _____ Fax: (____) _____
(* IF ASSIGNED)

Facility Address: _____ E-mail: _____

_____

Licensee/Corporation: _____ Telephone: (____) _____

Licensee/Corporation Address: _____ Fax: (____)_____

_____ E-mail: _____

Corporate designee: _____

Mailing address: _____

_____

Proposed/Actual Capacity: M ____ F ____.

Licensed capacity of facility: _____ (beds) Age range: _____ Ambulatory status: _____ (AMB/NON-AMB)

QMRP: **ADMINISTRATOR:**

Signature of Licensee/Corporate Designee	Title	Date

SUBMIT APPLICATION TO:	**FOR DEPARTMENT USE ONLY**
Department of Developmental Services Health Facilities Program Section 1600 Ninth Street, Room 320, MS 3-9 Sacramento, CA 95814 Phone: (916) 654-1965 Fax: (916) 654-2187 E-Mail: ddshfps@dds.ca.gov	Date received: _____ Date of program plan approval: _____ Date of QMRP approval: _____ Signed by: _____

LICENSEE INFORMATION Identify any other facilities owned or operated by the licensee.		
Name of facility	**Regional Center**	**Capacity**
1.		
2.		
3.		
4.		

QMRP INFORMATION Identify any other facilities served by the QMRP.		
Name of facility	**Regional Center**	**Capacity**
1.		
2.		
3.		
4.		

ADMINISTRATOR INFORMATION Identify any other facilities administrated by the Administrator.		
Name of facility	**Regional Center**	**Capacity**
1.		
2.		
3.		
4.		

Attach additional pages if necessary.

Department of Health Services, Licensing & Certification District Office: _____
Address: _____

Phone number: ( ) _____ **Contact person:** _____

Department of Health Services, Medi-Cal Field Office: _____
Address: _____

Phone number: ( ) _____ **Contact person:** _____

Regional Center: _____
Address: _____

Phone number: ( ) _____ **Contact person:** _____

HEALTH FACILITIES PROGRAM
PLAN DEVELOPMENT

Section III:
Program Plan Development
ICF/DD-Nursing

PROGRAM PLAN FORMAT
ICF/DD-NURSING
Instructions

1. To develop your Program Plan use the Program Plan Checklist, Title 22, Chapter 4.5 beginning with Section 73000 and the Code of Federal Regulations, Appendix J as your guide.
2. Prior to submission to DDS, review your Program Plan against the checklist to ensure that it is complete. Enter the page number in the left column of the checklist.
3. Place components of the Program Plan in sequential order to assure approval in a timely manner (see sample Table Of Contents below).
4. Language should be clear and concise. We recommend a 12-point font. Please do not use only uppercase letters.
5. The Nurse Consultant will review the Medication Training Program Plan, Attendant Training and Specialized Procedures.
6. Any missing documents will render your Program Plan incomplete and delay approval. If the Program Plan is unclear or incomplete, the assigned analyst will contact you.

Checklist: Title 22 and Federal Tags are referenced. This is to aid you in locating the specific regulations and is not meant as a substitute for reviewing the regulations. The bolded information on the checklist is required by Title 22 for program plan approval. The additional information is included to alert the applicant to critical requirements that must be in place for licensure and certification by DHS.

Below is a sample of the program plan format of information. Please include a Table of Contents with the sections listed below.

NEW PROGRAM PLAN

Table of Contents

ICF/DD-Nursing
CHANGES IN REQUIRED STAFF HOURS

In November 1990, a lawsuit was settled between California Association of Health Facilities (CAHF) and the Department of Health Services (DHS). As a result of the lawsuit, changes were made to Title 22 regulations for ICF/DD, ICF/DD-H and ICF/DD-N facility types. Regulation changes to ICF/DD-N have not been promulgated so this document serves as the most current information identifying changes to the regulations.

Note these changes to ensure that your ICF/DD-N program plan reflects this update when addressing direct care staffing, QMRP hours and in-service training hours.

The following changes are currently in effect:

INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED – NURSING (ICF DD-N)

QMRP TIME
Section 73873(b)

PREVIOUS: The qualified mental retardation professional shall provide a minimum of 1.5 hours of service per week per client.

AMENDED: *The qualified mental retardation professional shall provide a minimum of 1.75 hours of service per week per client.*

DIRECT-CARE STAFF HOURS
Section 73873(i)

PREVIOUS: Each facility shall employ direct-care staff to provide nursing and program services to clients twenty-four (24) hours a day as follows:

Number Of Clients	*Average Hours Per Day*	*Minimum Hours per Day*		*Total Hours Per Calendar Week*
		Licensed	*Non Licensed*	
4 to 6	36	8	22	252
7	36	8	22	252
8	40	9	24	280
9	44	10	27	308
10	48	11	29	336
11	54	12	33	378
12	58	13	35	406
13	62	14	38	434
14	68	15	42	476
15	72	16	44	504

AMENDED: *Each facility shall employ direct-care staff to provide nursing and program services to clients twenty-four (24) hours a day as follows:*

Number Of Clients	*Average Hours Per Day*	*Minimum Hours Per Day*		*Total Hours Per Calendar Week*
		Licensed	*Non-licensed*	
4 to 6	40	8	22	280
7	40	8	22	280
8	44	9	24	308
9	48	10	27	336
10	52	11	29	364
11	59	12	33	413
12	63	13	35	441
13	67	14	38	469
14	74	15	42	518
15	78	16	44	546

IN-SERVICE TRAINING
Section 73874(c)

PREVIOUS: The facility shall require that all direct-care staff receive at least two (2) hours per month, twenty-four (24) hours annually, of planned in-service education which shall be documented…

AMENDED: *The facility shall require that all direct-care staff receive at least three (3) hours per month, thirty-six (36) hours annually, of planned in-service education which shall be documented…*

The remainder of the subsection will remain unchanged.

ICF/DD-NURSING
PROGRAM PLAN CHECKLIST

FACILITY NAME: **FACILITY ADDRESS:**		Telephone: ( )
CONTACT:		Fax: ( )
Proposed/Actual Capacity: M ____ F ____		E-mail:
Licensed capacity of facility:	Age range:	Ambulatory status:

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	DS 1852 - HFPS Application Form.			
	Pages numbered, sections labeled consistent with the Table of Contents.			
PROGRAM PLAN REQUIREMENTS: Section 73859 The facility program plan shall include:				
	Section 76857(a)(1) The number of eligible clients.			
	Section 76857(a)(2) A profile of the client population using the CDER. [*PROVIDE A NARRATIVE REGARDING THE CLIENT POPULATION TO BE SERVED OR THE POPULATION BEING SERVED.*]			
CLIENT ASSESSMENT PROCESS: **Section 73859(a)(3) A summary of client's nursing and developmental priority needs.** **Section 73859(a)(11) Provisions for accomplishing the following:** **(A) An initial assessment of each client to identify the current level of needs and function utilizing standard assessment forms.** **(B) An Individual Service Plan developed by the Interdisciplinary Professional Staff Team (IPST) under the direction of the QMRP.** **(C) Semi annual review of the individual service plan.**				
	Section 73861(a)(1): Review and update the preadmission evaluation within 30 days following client's admission.			
	Section 73861(a)(2): Develop a comprehensive written assessment which shall provide the basis for formulating an individual service plan which shall include, but not be limited to:			
	(A) Nursing assessment.			
	(B) Assessment of developmental status including strengths, weaknesses and needs.			
	(C) Prioritized objectives.			
	(D) Discharge plan.			
	Section 73861(a)(3) Assess the client's recreational interests.			
	Section 73861(a)(4) Consider the client's need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next scheduled review.			
	Section 73861(b) The QMRP shall make available and interpret the assessment to the direct care staff, the client and when lawful, the client's parents or authorized representative.			
	W259 The Comprehensive Functional Assessment of each client must be reviewed by the IDT for relevancy and updated as			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	needed. [*IDENTIFY METHODS TO REVIEW AND UPDATE ASSESSMENT INFORMATION AND WHO WILL BE RESPONSIBLE.]*			
W226-228 Within 30 days after admission, the IDT must prepare for each client an IPP (ISP) that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment and planned sequence for dealing with those objectives. These objectives must:				
	W229 Be stated separately in terms of single behavioral outcome.			
	W230 Be assigned projected completion dates.			
	W231 Be expressed in behavioral terms that provide measurable indices of performance.			
	W232 Be organized to reflect a development of progression appropriate to the individual.			
	W233 Be assigned priorities.			
PROGRAM ELEMENTS: **Section 73864(a) The facility shall have the capability to provide program services to those developmentally disabled clients it serves. These program services shall be based on the client's specific needs as identified through the individual client assessment and include as appropriate:**				
	Section 73864(a)(1) Nursing care activities.			
	Section 73864(a)(2) Habilitation programs including but not limited to:			
	Sensory motor development.			
	Self-help skills training.			
	Section 73870(a)(3) Behavior management program. *[DISCUSS BEHAVIOR MANAGEMENT IN THE NEXT SECTION.]*			
Section 73864(b) The facility shall provide no less than 56 hours of active treatment per week, including weekends. For those clients who require a combination of developmental program services and nursing care activities, no less than 28 hours per week shall be devoted to the developmental programs unless otherwise approved in the facility program plan. The active treatment program shall include:				
	Section 73864(b)(1) Any active treatment provided by agencies either outside or inside the facility shall be specified in the ISP.			
	Section 73864(b)(3) No more than two consecutive hours not devoted to active treatment as specified in the ISP. If additional unstructured time is required such need shall be determined by the IPST and documented in the client's individual service plan and the facility's program plan.			
	Section 76862(b)(3) Weekend program schedule which emphasizes recreational and social experiences as specified in the ISP.			
	W126 Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. 483.420(a)(4) GUIDELINES: Since money is a right, determine if the facility demonstrated, based on objective data, that the individual was unable to be taught how to use money before the decision was made to restrict the right.			
W196 Each client must receive continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:				
	(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible and			
	(ii) the prevention or deceleration of regression or loss of current			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	optimal functional status.			
BEHAVIOR MANAGEMENT PLAN - PROGRAM COMPONENTS: **Section 73870 and W197, W274-W309**				
Section 73870(c)(2) A written assessment conducted by the IPST to identify behavioral excesses and/or deficits which require management. This assessment shall address the following areas:				
	Section 73870(c)(2) (A) Social and emotional status.			
	Section 73870(c)(2) (B) Communication skills.			
	Section 73870(c)(2) (C) Physical and mental status.			
	Section 73870(c)(2) (D) Cognitive and adaptive skills.			
	Section 73870(c)(2) (E) Description of behavioral excesses and/or deficits, along with their frequencies, durations and intensities.			
	Section 73870(c)(2) (F) A baseline data collection system which addresses the maladaptive behavior(s).			
	Section 73870(c)(2)(G) An analysis of behavioral excesses and/or deficits identified in terms of their antecedents and consequences.			
Section 73870(c)(3) A written behavior management plan available to all facility staff, regional center representative, the client if appropriate, or the client's authorized representative, when lawful. The behavior management plan includes:				
	Section 73870(c)(3) (A) Long-range goals.			
	Section 73870(c)(3) (B) Behavioral objectives that are time-limited, measurable, observable and which complement the long-range goals.			
Section 73870(c)(3)(C) Behavioral objectives which specify:				
	Section 73870(c)(3)(C)(1) The name of the primary person providing the intervention			
	Section 73870(c)(3)(C)(2) The place of intervention			
	Section 73870(c)(3)(C)(3) The reinforcements to be used to elicit adaptive behaviors			
	Section 73870(c)(3)(C)(4) The type(s) of interventions to be used			
	Section 73870(c)(3)(C)(5) The anticipated outcome of the behavior management plan			
	Section 73870(c)(3)(C)(6) The date by which the anticipated outcome is to be achieved.			
Section 73870(c)(4) The written document that clearly states, PRIOR to the use of behavioral interventions that:				
	Section 73870(c)(4) (A) The procedure to be used is the least restrictive and most effective for the maladaptive behavior.			
	Section 73870(c)(4)(B) The environment where the behavior change is to occur is designed to avoid stigma, and to support and reinforce compatible and adaptive behaviors.			
	Section 73870(c)(4)(C) A specific choice from different behavior interventions has been made based on relative effectiveness.			
	Section 73870(c)(4)(D) The undesirable long-term and short-term effects which may be associated with the procedures have been identified.			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
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	Section 73870(c)(4)(E) The conditions under which procedure is contraindicated have been identified.			
	Section 73870(c)(4)(F) Social, behavioral and status benefits that can be expected have been specified.			
	Section 76869(c)(4)(G) The rights of the developmentally disabled person were and are protected in accordance with Section 4503 and 4505 of the W & I Code.			
	Section 73870(c)(4)(H) All legal and regulatory requirements have been met.			
	Section 73870(c)(4)(I) There is a plan to decrease the restrictiveness of the program over time.			
	Section 73870(c)(4)(J) A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed.			
Section 73870(c)(5) A written monthly report of progress which includes:				
	Section 73870(c)(5)(A) The progress attained in achieving each behavioral objective.			
	Section 73870(c)(5)(B) Determination as to whether the program should continue as designed or be amended.			
Section 73870(d) For those instances when it can be documented that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to: [*IF ANY OF THE FOLLOWING BEHAVIORAL PROGRAMS WILL NOT BE USED, STATE THIS IN YOUR PROGRAM PLAN*]				
	Contingent observation			
	Extinction			
	Withdrawal of social contact			
	Fines of tokens or other reinforcers			
	Exclusion time-out, with client in constant view			
Explain the type of restrictive/aversive techniques to be utilized after approval from ID team/Human Rights Committee (HRC) and written informed consent has been obtained (REFERENCE W128):				
	Containment			
	Physical restraint			
	Medication			
Section 73918 Human Rights Committee: The facility shall have a Human Rights Committee (HRC) which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code Section 4502-4505 and Sections 50500-50550, Title 17 California Administrative Code are safeguarded.				
	Section 73918(b) Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed and action taken.			
	Section 73918(c) Composition of the committee shall consist of at least the administrator, QMRP, RN, Regional Center Client's Rights Advocate and with the consent of the client or when otherwise permitted by law, a client representative or developmentally disabled person, parent or community representative and may include a member from the local Area Board on Development Disabilities.			
	Section 73918(d) The committee shall meet at least quarterly.			
Section 73918(e) The function of the HRC shall include:				
	Section 73918(e)(1) Development of policies and procedures to			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	assure and safeguard the client's rights listed in the W &I Code and Title 17.			
	Section 73918(e)(2) Document and participate in developing and implementing relevant in-service training programs.			
	Section 73918(e)(3) Review treatment modalities used by the facility where client human rights and dignity is affected.			
	Section 73918(e)(4) Review and approve at least annually, all behavior management programs. For those client programs utilizing restrictive procedures, the minutes of the HRC shall reflect all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive alternative.			
	W124 Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment and of the right to refuse treatment.			
INITIAL ORIENTATION TRAINING: Section 73874.1 (b) All new staff shall be provided sixteen (16) hours of orientation by a QMRP, Registered Nurse, Licensed Vocational Nurse or Licensed Psychiatric Technician. These hours shall be completed and be documented during the first forty (40) hours of employment.				
Section 73874.1 (b)(1) Prior to providing direct client care and during the first eight hours of employment, each direct-care staff member shall be provided with the following:				
	Tour of the facility			
	Description of client population			
	The client's daily schedule			
	Instruction in the use and application of equipment and assistive devices.			
	Instruction in unusual occurrences and lifesaving procedures including but not limited to, emergency procedures for relief of choking.			
	Orientation to fire and disaster plans.			
	An introduction to client care and special needs of developmentally disabled persons.			
Section 73874.1 (b)(2) The remaining eight (8) hours of orientation shall include:				
	Section 73874.1 (b)(2)(A) Administrative structure of the facility.			
	Section 73874.1 (b)(2)(A)(1) Organization of staff.			
	Section 73874.1 (b)(2)(A)(2) Services offered.			
	Section 73874.1 (b)(2)(A)(3) The role of direct-care staff, including job descriptions, the team concept and approaches to clients.			
	Section 73874.1 (b)(2)(A)(4) Personnel Policies.			
	Section 73874.1 (b)(2)(B) The facilities philosophy of client care.			
	Section 73874.1 (b)(2)(C) Overall concepts of the facility's program to meet the needs of the clients, including normalization and interdisciplinary professional staff team concept.			
	Section 73874.1 (b)(2)(D) Developmental growth and assessment.			
	Section 73874.1 (b)(2)(E) Client's activities of daily living.			
	Section 73874.1 (b)(2)(F) Implementation of the individual service plan.			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
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	Section 73874.1 (b)(2)(G) Clients' rights.			
	Section 73874.1 (b)(2)(H) Nursing policies and procedures.			
	Section 73874.1 (b)(2)(I) Legal ethical considerations of health care.			
	Section 73874.1 (b)(2)(J) The role of federal and state regulations in the provision of care by employees.			
IN SERVICE TRAINING PLAN: **Section 73874.1 (c) The facility shall require that all direct care staff receive at least 3 hours per month, 36 hours annually, of planned in-service education which shall be documented and shall include:**				
	Section 73874.1 (c)(1) Program techniques specific to the facility's clients.			
	Section 73874.1 (c)(2) Developing program objectives for clients.			
	Section 73874.1 (c)(3) Evaluation, assessment techniques.			
	Section 73874.1 (c)(4) Documentation of a client's response to his/her program including observation, reporting and recording.			
	Section 73874.1 (c)(5) Special developmental needs of the facility's clients.			
	Section 73874.1 (c)(6) Sensory deprivation and stimulation.			
	Section 73874.1 (c)(7) Interpersonal relationships and communication skills between staff and clients.			
	Section 73874.1 (c)(8) Psychosocial aspects of developmental disabilities as related to individual, family and community.			
	Section 73874.1 (c)(9) Confidentiality of client information.			
	Section 73874.1 (c)(10) Detection of signs of illness or dysfunction that warrant medical or nursing intervention.			
	Section 73874.1 (c)(11) Maintenance of healthy skin: prevention of skin breakdown, body positioning and range of motion.			
	Section 73874.1 (c)(12) Basic nursing & health related skills.			
	Section 73874.1 (c)(13) Bladder and bowel training and management.			
	Section 73874.1 (c)(14) Oral hygiene.			
	Section 73874.1 (c)(15) Nutritional needs of clients including special feeding techniques.			
	Section 73874.1 (c)(16) Behavior management.			
	Section 73874.1 (c)(17) Emergency intervention procedures for behavior control.			
	Section 73874.1 (c)(18) Prevention & control of infection.			
	Section 73874.1 (c)(19) Fire & accident prevention & safety.			
	Section 73874.1 (c)(20) Disaster preparedness.			
	Section 73874.1 (c)(21) Clients rights as specified in Sections 4502 through 4507 of the W&I code and Sections 50500 through 50550 of Title 17, California Code of Regulations.			
	Section 73874.1 (c)(22) The role and involvement of parent, guardian, conservator or authorized representative in the			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	client's overall service plan.			
	Section 73874.1 (c)(23) Instructions in first aid and CPR to be taught by an instructor certified by the American Red Cross or the American Heart Association.			
	Section 73874.1 (c)(24) If any client has epilepsy, instruction in the causes and treatment of epilepsy, care of the client during and following an epileptic seizure, safety precautions and protective equipment.			
	Section 73874.1 (c)(25) Locating and using program reference materials.			
	Section 73874.1 (c)(26) The use and proper application of postural supports.			
	Section 73874.1 (c)(27) Caring for the dying client and understanding the grieving process.			
PROGRAM PLAN ATTACHMENTS:				
ATTACHMENT #1	**Section 73859(a)(5) A one-week program schedule for clients in the facility.**			
ATTACHMENT #2	**Section 73864(b)(4) Weekend programming which emphasizes recreational and social experiences.**			
ATTACHMENT #3	**Section 73859(6)(A) The facility's organizational chart.**			
ATTACHMENT #4	**Section 73859(6)(B) The IPST utilized indicating their disciplines worked each week** *[SEE CONSULTANTS AND PROFESSIONAL STAFF, SECTION III, PAGES 3-5]* *[OPTION: PROVIDE MONTHLY HOURS.]*			
ATTACHMENT #5	**Section 73859(a)(6) Facility staffing pattern (for one week).** *[SEE STAFF SCHEDULES, SECTION III, PAGES 3-3]*			
ATTACHMENT #6	**Section 73859(7) A description of space provided for program activities.** *[A FACILITY FLOOR PLAN.]*			
ATTACHMENT #7	**Section 73859(8) Description of the equipment available for program use.**			
ATTACHMENT #8	**Section 73859(10) A plan for utilization of community resources.**			
ATTACHMENT #9	W127, W153 through W157 Task Two Protocol: Develop system to prevent report and investigate reported/suspected abuse. [*SEE ADDITIONAL INFORMATION IN PROGRAM PLAN DEVELOPMENT PACKET, SECTION IV]*			
ATTACHMENT #10	Develop a facility wide Quality Assurance Plan.			
ATTACHMENT #11	**Section 73859(a)(6)(B**) Attach the following complete updated information for each professional staff: 1. Copy of contract. 2. **Professional license, registration, certification or diploma.** 3. **Resume**. [*INCLUDE TRANSLATIONS OF DIPLOMAS IF NECESSARY]*			
ATTACHMENT #12	Section 73910: The facility will maintain written transfer agreements with one or more general acute hospitals to make services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.			

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
ATTACHMENT #13	**Medication Training Program Plan:** **Section 73859(a)(13) A training program for drug administration for non-licensed personnel who administer drugs in the facility in accordance with Section 73874(d).** *[TO DEVELOP THE MEDICATION TRAINING PLAN, SEE THE MEDICATION TRAINING CHECKLIST ATTACHMENT, 3-8. THE MEDICATION TRAINING PLAN MUST BE SUBMITTED AS PART OF YOUR PROGRAM PLAN.]*			
ATTACHMENT #14	**Attendant Training Program Plan** Develop a lesson plan for EACH TOPIC under Module 1-4. Select ONE lesson plan from each Module and submit to DDS for approval. Include in your submission a completed DS 1853 - Training Program for ICF/DD-N Attendant form.			
ATTACHMENT #14.1	Specialized Procedures Specialized Procedure Approval Cover Sheet Specialized Procedure Format Sheet *[SEE SECTION IV FOR DEVELOPMENT OF SPECIALIZED PROCEDURES]*			
ATTACHMENT #15	**New Provider Orientation** Include a copy of the certificate demonstrating proof of attendance for the 8-hour New Provider Orientation Training. *[SEE SECTION II, PAGES 2-4]*			

CONSULTANTS/PROFESSIONAL STAFF
(ATTACHMENT #4)

- The references in the gray area are the federal and state requirements for the qualifications and staff hours. Federal "W" Tags define the qualifications of each discipline (See Staff Qualifications, Section V). The Title 22 Section references the requirement for consultant staff hours. Required staff appear in **bold** type.

- Indicate the professional staff name in the appropriate area. Include the following for EACH professional staff listed as Attachment #11: a complete, updated resume and qualifying document (license, certification, diploma, etc).

- Title 22, Section 73873: The composition of the ID Team shall be of the numbers and disciplines appropriate to meet each client's needs. The staff/team should be composed of the qualified mental retardation professional, registered nurse and at least three persons from any of the following disciplines: Clinical Psychologist, Recreation Therapist, Occupational Therapist, Physical Therapist, Social Worker, Speech Therapist, Audiologist, Physician, Pharmacist, Educator and Dietician.

NAME/HOURS	CONSULTANTS/PROFESSIONAL STAFF
	QMRP: Federal Tag W159-180/Title 22, Section 73873
	Administrator: Federal Tag W106/Title 22, Section 73914
	Dentist: Federal Tag W348
	Dietitian: Federal Tag W179/Title 22, Section 73893
	Physician: Federal Tag W170
	Registered Nurse: Federal Tag W343, W344, W345/Title 22, Section 76878
	Pharmacist: Federal Tag W170/Title 22 Section 73906
	Physical Therapist: Federal Tag W173
	Occupational Therapist (or RT): Federal Tag W172 /Title 22, Section 73865
	Psychologist: Federal Tag W175
	Recreational Therapist (or OT): Federal Tag W178/ Title 22 Section 73865
	Social Worker: Federal Tag W176
	Speech Pathologist: Tag W177
	Audiologist: Tag W177

Signature _____ Date _____

ICF/DD-N
FACILITY STAFF SCHEDULES
(ATTACHMENT #5)

Minimum staffing requirements per week:

- ICF/DD-N - 280 hours (At least 8 of these hours each day must be LVN or Psych Tech hours)
- Section 73873 (l): Each facility shall employ sufficient direct-care staff to carry out the nursing and active treatment programs and meet individual client needs.

FACILITY: _____ CAPACITY: _____

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							

Staff Number	Staff Name (If known)	Type of Staff-Licensed, Lead or Direct Care
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

ICF/DD - NURSING
MEDICATION TRAINING PLAN CHECKLIST

INSTRUCTIONS

Correct administration of medication is one of the most important aspects contributing to the health and well being of your consumers. To facilitate the development of your medication training program for your direct care staff, the following suggestions are provided.

- Begin with course objectives. Throughout the document, follow the same format.
- Avoid overly technical wording and excessive abbreviations.
- Check for spelling, grammatical and typographical errors. Use a 12-point font throughout the document.
- Note that section numbers are referenced on the checklist. Also referenced in each section are additional regulations from Title 22 and the Code of Federal Regulations which will assist in development of your training program.
- Use the checklist below to ensure all areas are covered by inserting the page number in the left column.
- The information in [ ] are guidelines to assist in the development of your medication training program.

PAGE NUMBER	REQUIREMENTS	MET	NOT MET	COMMENTS
MEDICATION ADMINISTRATION TRAINING PROGRAM **Sections 73874 (d)(1) (A-K) and 73877:** The facility has a medication training program which will be taught by an RN and/or consulting pharmacist which includes:				
	Section 73874(d)(1)(A): Use, action, side effects of drugs used in facility. *[INCLUDE AT LEAST 5 DRUG CLASSIFICATIONS SUCH AS ANTI-CONVULSANTS, ANTIBIOTICS, ANTI-ANXIETY, ANTI-PYSCHOTICS, ANALGESICS.]*			
	Section 73874(d)(1)(B): General practices and procedures for administering medications. Provide step-by-step procedures for administration of **oral, rectal, eye, ear, nose and topical medications.** Follow the suggested example below: IV. POLICIES AND PROCEDURES: a. Check orders. b. Wash your hands. c. Gather equipment. d. Explain procedure to client. e. Provide for privacy, if applicable. f. g. *Reference: Section 73877 and 73896*			

PAGE NUMBER	REQUIREMENTS	MET	NOT MET	COMMENTS
	Section 73874(d)(1)(C) Prescriber's verbal orders. *Refer to section 73898(d)(1-3) [STATE THE CONDITIONS UNDER WHICH STAFF CAN ACCEPT VERBAL ORDERS FROM PHYSICIANS.]*			
	Section 73874(d)(1)(D) Establish protocol and time-lines for: **Automatic stop orders.** *Reference: Section 73899*			
	Section 73874(d)(1)(E) Establish protocol and time-lines for: **Medication storage, labeling**. *Reference: Section 73902 and Section 73903, 73904*			
	Section 73874(d)(1)(F) Establish protocol and time-lines for: **Disposing of unused, outdated medications.** *Reference: Section 73905*			
	Section 73874(d)(1)(G) Establish protocol and time-lines for: **Documenting medications and treatments**. *Reference: Section 73874, Section 73878, Section 73901*			
	Section 73874(d)(1)(H) Requirements for documentation and physician notification of medication errors. *Reference: Section 73877 (h) and Federal Tag W374*			
	Section 73874(d)(1)(I) Metric and apothecary dosages. *[PROVIDE BASIC CONVERSIONS FROM A RELIABLE SOURCE (I.E.: NURSING TEXTBOOK, DRUG HANDBOOK).*			
	Section 73874(d)(1)(J) Common abbreviations used in medication administration. *[IF ABBREVIATIONS ARE USED IN THE TEXT OF THE TRAINING PLAN, THESE ABBREVIATIONS SHOULD BE INCLUDED IN THIS SECTION.]*			
	Section 73874(d)(1)(K) Locating, using reference materials. *[REFERENCE 2 OR 3 CURRENT BOOKS AND THEIR LOCATION IN THE FACILITY.]*			
	Section 73874(d) State the number of hours the medication training program requires.			
	Section 73874(d)(3) Indicate how the facility RN will certify the staff person's proficiency in administering and recording the drugs given and where documentation of proficiency is recorded.			

MEDICATION TRAINING PROGRAM PLAN (Continued)

[THE FOLLOWING ADDITIONAL INFORMATION IS PROVIDED TO ASSIST IN THE DEVELOPMENT YOUR MEDICATION TRAINING PROGRAM PLAN]

I. FIVE RIGHTS OF MEDICATION ADMINISTRATION:

Practice the rules for giving medications safely:

1. Are you giving the medication to the **right person**?
2. Are you giving the **right medication**?
   - Compare the pharmacy label, the order and the medication sheet. If there is a discrepancy, DO NOT GIVE THE MEDICATION. CONTACT THE RN.
3. Are you giving the **right dosage**?
4. Are you giving it at the **right time**?
5. Are you giving by the **right route**?

II. PERFORM THREE CHECKS

Prior to giving the client his/her medication:
Check the label THREE times:

1. When removed from the cabinet.
2. Before opening.
3. As you put it away.

III. CONTROLLED DRUGS: *(refer to Section 73904 and W385)*

Provide training in the definition of controlled drugs including the following:

1. The schedules of medications and the reasons they are tightly controlled.
2. Methods of storage.
3. Methods of securing the medications.
4. Documentation specific to controlled drugs.

State of California—Health and Human Services Agency

Department of Developmental Services

TRAINING PROGRAM FOR ICF/DD-N ATTENDANT

DS 1853 (Rev. 6/2003)

Print

DIRECTIONS: *Complete this form and mail the original and one copy to the address to the right. The signed, returned copy is your authorization to initiate and conduct your Attendant Training Program. Retain this signed and dated copy with your training manual. Proposed changes must be submitted to the Department at the address to the right, and approval must be received by you before changes are initiated.*

Department of Developmental Services
Health Facilities Program Section
1600 Ninth Street, Room 320
Sacramento, CA 95814
Phone: (916) 654-1965

Name of Facility	Address	City

Age of Clients Served	Telephone	Director of Staff Development (*attach copy of current license*) RN / LVN (*circle one*)

MODULE/TOPIC	Theory/Class *(minimum hours required)*	Clinical *(hours required)*
MODULE 1 INTRODUCTION TO		
Attendant responsibilities Philosophy of client care Nursing policies/procedures Special needs of developmentally disabled persons Individual Service Plan Special incidents, unusual occurrences Legal issues, Confidentiality Fire prevention, reporting procedures Accident prevention Disaster prevention Activities of daily living	5	3
MODULE 2 HEALTH CARE SKILLS		
Nursing policies and procedures Attendant responsibilities Basic anatomy and physiology Basic nursing care Activities of daily living Signs and symptoms of illness Prevention of disease, infection control Personal hygiene and grooming Skin care, prevention of decubiti Care of the incontinent patient, perineal care Nutrition, diets, fluid needs First aid and immediate or temporary health concerns CPR and relief from choking Assistive devices, braces and splints	25	50
MODULE 3 DEVELOPMENTAL DISABILITIES AND TRAINING MODALITIES FOR THE DISABLED		
The I.D. team, its process The individual service plan, its development Causes of developmental disabilities Normal growth and development Disruptions of normal growth, development Principles of behavior intervention Behavior shaping, behavior modification Training techniques, positive and negative reinforcement Socialization and recreational needs Developmental programming; active treatment Special services: occupation, physical, speech therapies Assistive devices, braces and splints Communication needs: devices, signs, sounds	15	32
MODULE 4 RECORDING, ASSESSING		
Observation, documentation Evaluation and assessments Data collection Data interpretation	5	15
TOTAL HOURS REQUIRED	**50**	**100**

ATTENDANT TRAINING PROGRAM FOR ICF/DD-N

Student population:

_____ = projected number of students in the classroom/theory portion of the program *(maximum 15)*

_____ = number of instructors who will supervise clinical portion of the program

Supervised clinical hours in an ICF/DD-N facility will be from _____ a.m. to _____ a.m./p.m. *(must be between 6:00 a.m. and 8:00 p.m.)*

Note: *Submit your proposed lesson plan for any one of the topics within each module. The lesson plan must include the course content and document the manner of determining the student's proficiency in that topic.*

Clinical practice shall take place in an intermediate care facility/developmentally disabled-nursing and shall be conducted concurrently with classroom instruction. During clinical practice there shall be no more than five (5) students to each instructor at any time.

If the facility has contracted for a training program to be administered by another provider (e.g. another facility, public educational institution or agency), indicate below the name of the provider of that program. Enclose a copy of the complete attendant care training plan, the prior program Approval Notice for the submitted plan and a copy of the training agreement/contract.

Name _____

Street Address _____ Telephone Number ( ) _____

City _____

Name of Contact Person _____

Date Program Was Submitted _____ By _____

I affirm the foregoing information is true and correct

_____

Signature of Director of Staff Development

_____

Date

Authorization for the ICF/DD-N Attendant Training Program shall be given by the Department of Developmental Services, pursuant to Section 73874. This authorization shall remain in effect unless changes are submitted by the facility or unless cancelled in writing by the Department of Developmental Services.

FOR OFFICE USE ONLY
Following modules approved by: _____
Date: _____

FOR OFFICE USE ONLY
Following modules approved by: _____
Date: _____

HEALTH FACILITIES PROGRAM
PLAN DEVELOPMENT

Section IV:
Attendant Training Program & Specialized Procedures Informational Packet

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958

Copy

DATE: JULY 31, 2000

TO: ICF/DD-N PROVIDERS

SUBJECT: ATTENDANT TRAINING PROGRAM - SPECIALIZED PROCEDURES

This informational packet was developed for you in response to multiple questions from the field. Providers are required, under the amended Title 22 draft regulations, Section 73874, to provide all non-licensed direct care staff an "Attendant Training Program" that has been approved by the Department of Developmental Services (DDS). Under Section 73874.1, you are also required to seek approval from DDS for, and provide training to non-licensed direct care staff in, specific specialized procedures prior to their implementing and performing the procedure.

The following provides an overview of draft ICF/DD-N regulations that relate to specialized procedures under Section 73874.1 (e) (1-6) and (f) (1-4). The citations are included for your reference.

Section 73874.1

(e) An attendant may perform a specific procedure for a specific client subject to the following:

(1) The procedure is specifically ordered by the attending physician.

(2) Prior to performing the procedure, the attendant shall be trained by the facility registered nurse to perform the procedure and shall demonstrate proficiency in performing the procedure while under the immediate supervision of the registered nurse. The attendant shall also be trained to recognize complications which could arise as a result of the procedure and to be knowledgeable in how to respond if a complication arises.

(3) A signed written statement shall be prepared by the registered nurse which includes a certification of the attendant's competency to perform the procedure and which identifies the client for whom the certification is applicable. This certification shall be placed and maintained in the attendant's training record and a copy shall be placed in the client's record.

(4) The certification is procedure and client specific, and shall not be transferred between clients and facilities.

(5) The registered nurse shall be responsible for the monitoring and staff implementation of the procedure. At least once every three months, the registered nurse shall observe and confirm the attendant's proficiency in performing the approved procedure and shall update the certification.

(6) Training protocols for each procedure performed by an attendant shall be reviewed and approved as part of the facility program plan pursuant to 73859 (a) (12).

(f) Attendants shall not insert or remove the following:

(1) Nasogastric and gastrostomy tubes.

(2) Tracheostomy appliances.

(3) Indwelling catheters.

(4) Any intravenous apparatus.

For your information, I have included a listing of additional resource materials and provided you with documents that explore and define the role of the non-licensed direct care staff and the registered nurse. Materials have also been enclosed that will guide you when submitting specialized procedures for approval to the Department of Developmental Services, Health Facilities Program Section. These documents and information include:

- PTB 91-42, - Outlines amendments to ICF/DD-N Regulations, 10/1/91.
- Licensing and Certification Amended Draft Intermediate Care Facility/Developmentally Disabled - Nursing (ICF/DD-N) Regulations.
- Board of Registered Nursing - Position Paper on "Unlicensed Assistive Personnel," Board approved 11/94, revised 7/97.
- Board of Registered Nursing - Position Paper on "The RN as Supervisor," Revised 3/91.
- The Role of the Registered Nurse matrix.
- Suggested Considerations for the Assignment and Performance of Specialized Procedures.

- Specialized Procedures Approval Request Cover Sheet Sample.

- Specialized Procedure Format Sample.

The following list provides examples of commonly approved specialized procedures.

- Apnea monitoring.
- Colostomy care.
- Gastrostomy feeding and care.
- Medication administration via a gastrostomy tube.
- Tracheostomy care and light suctioning.
- Oxygen therapy
- Intermittent positive-pressure breathing.
- Catheterization - clean technique.
- Wound care - simple dressing changes.

To ensure that all components of a protocol are addressed, and to facilitate the approval process, please use the sample ***Specialized Procedures Approval Request Cover Sheet*** and ***Specialized Procedure Format*** when submitting a request to DDS for the approval of the performance of a specific procedure. If corrections or additional information are required, the protocol must be returned for further development before approval is granted. If you should have any questions or need assistance, please contact me at (916) 654-2430, or via e-mail at lessie.Murphy@dds.ca.gov.

Sincerely,

Original Signed By

LESSIE J. MURPHY, RN
Nurse Consultant
Health Facility Program Section

Enclosures

State of California — Department of Health Service

Memorandum

October 1, 1991

To: District Administrators

Via: Mary Louise Gutierrez-Mock
Assistant Deputy Director

Licensing and Certification
1800 Third Street, Suite 210
P.O. Box 942732
Sacramento, CA 95234-7320
(916) 445-2070 or ATSS 8/485-2070

PTB 91-42

Subject: Amendments to Draft Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N) Regulations

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[ ] Statute Change
Bill/Chapter_____
Code_____
Effective Date_____

[ ] Federal Change
State Agency Letter #_____
State Operations Manual #_____
Regulation #_____
Program Memo. Transmittal #_____

[ ] State Regulation Change [ ] Court Decision [X] HQ Initiated [ ] Field Requested

---

BACKGROUND

The current Title 22 requirement for staffing in the Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N) (draft) regulations requires that nonlicensed direct care staff shall be certified nurse assistants (CNAs) or persons enrolled in a precertification program within three months of employment. Because of the statutes limiting the types of nursing procedures that CNAs may perform, staff from Department of Developmental Services (DDS) and Licensing and Certification (L&C) determined that a different type of training for unlicensed staff would be more effective and more useful for the types of clients being served. Thus, a "DD attendant training program" was developed. The legal basis for an "attendant" is an exemption in the Nurse Practice Act for attendants who work in facilities visited by Department of Health Services staff and which are monitored by DDS staff (Section 2728, Business & Professions Code).

The regulation describing the training program has been incorporated into the subsequent drafts of the ICF/DD-N regulations and specifies that the training program, whether conducted by the licensee, an agency, or public instruction, must be approved by DDS.

Additionally, in support of the above amendment, Section 73874 has been amended, and a new Section, 73874.1 added. Please note that these two sections describe the "Attendant Training Program" requirements. In particular, these regulations authorize attendant staff to perform certain procedures for individual clients after having been specifically trained and certified to do so by a registered nurse and after demonstrating proficiency. Evidence of the attendant's competency is required to be in writing. The regulation's training requirements prohibit attendants from doing the following: inserting or removing nasogastric and gastrostomy tubes, tracheostomy appliances, indwelling catheters and any intravenous apparatus. Nasogastric and gastrostomy tube feedings may be performed by attendants if the requirements of these regulations are met.

Other regulatory changes will follow but will not be issued unti the entire regulatory package is complete.

DDS informed all DD-N providers of the new requirements through its annual program review and approval process. DDS currently enforces these requirements. This memorandum serves to notify Licensing of the new requirements which are to be implemented upon receipt. To provide further clarification, existing and amended Sections 73873(f) and 73874 and draft Section 73874.1 of the ICF/DD-N regulations in strikeout/underline format are attached.

POLICY

It is the policy of L&C to apply the amended draft requirements regarding ICF/DD-N staff.

PROCEDURE

When licensing ICFs/DD-N, the attached amended and added regulations are to be used instead of requirements of Sections 73873(f) and 73874 existing in current draft regulations. Under the amended draft regulation, CNAs are no longer included as nonlicensed direct care staff in this program, but have been replaced by attendants or persons enrolled in an attendant training program.

POLICY AND PROCEDURE MANUAL CHANGE/UPDATE

This memorandum will make changes/updates to the policy and procedure manual: [ ] Yes [X] No

TRAINING

District Administrators must ensure that all appropriate office staff receive timely in-service regarding the provisions of this memo. The preceptors will maintain all in-service/training files in the District Office.

Should you have any questions, please contact Jerry Simkins, Chief, Community Based Programs Unit at (916) 327-4299 or ATSS 8/467-4299.

Teresa Hawkes
Acting Deputy Director

Attachments

Existing Section 73873(f):

~~Nonlicensed direct care staff shall be certified nurse assistants pursuant to Section 1337 et seq. of the Health and Safety Code or persons enrolled in a precertification program approved by the Department and conducted by another health facility, agency or public educational institution. Such training shall commence within three (3) months of employment and be completed no later than six (6) months from the date of employment.~~

Amended Section 73873(f):

Direct-care staff, who are not licensed professionals, shall be attendants pursuant to Section 2728, Business and Professions Code, or persons enrolled in an attendant training program approved by the Department of Developmental Services. Such training shall commence within three (3) months of employment and be completed no later than six (6) months from the date of employment.

§ 73874. Program Services—Orientation and In-Service Education.

(a) A person who is, or is eligible to be, a qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician shall be designated responsibility for coordinating staff development and education.

(b) All new staff shall be provided sixteen (16) hours of orientation by a qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician. These hours shall be completed and be documented during the first forty (40) hours of employment.

(1) Prior to providing direct client care and during the first eight (8) hours of employment each direct-care staff member shall be provided with the following.

(A) A tour of the facility.

(B) A description of the client population.

(C) The clients' daily schedule.

(D) Instruction in the use and application of equipment and assistive devices.

(E) Instruction in unusual occurrences and life saving procedures including, but not limited to, emergency procedures for relief of choking.

(F) Orientation to fire and disaster plans.

(G) An introduction to client care and special needs of developmentally disabled persons.

(2) The remaining eight (8) hours of orientation shall include, but not be limited to:

(A) Administrative structure of the facility.

1. Organization of staff.
2. Services offered.
3. The role of direct-care staff, including job descriptions, the team concept, attitudes and approaches to clients.
4. Personnel policies.

(B) The facility's philosophy of client care.

(C) Overall concepts of the facility's program to meet the needs of the clients, including normalization and interdisciplinary professional staff/team concept.

(D) Developmental growth and assessment.

(E) Clients' activities of daily living.

(F) Implementation of the individual service plan.

(G) Client's rights.

(H) Nursing policies and procedures.

(I) Legal and ethical considerations of health care.

(J) The role of federal and state regulations in the provision of care by employees.

(c) The facility shall require that all direct-care staff receive at least two (2) hours per month, twenty-four (24) hours annually, of planned in-service education which shall be documented and shall include, but not be limited to, the following topics:

(1) Program techniques specific to the facility's clients.

(2) Developing program objectives for clients.

(3) Evaluation and assessment techniques.

(4) Documentation of a client's response to his/her program including observation, reporting, and recording.

(5) Specific developmental needs of the facility's clients.

(6) Sensory deprivation and stimulation.

(7) Interpersonal relationship and communication skills between staff and clients.

(8) Psychosocial aspects of developmental disabilities as related to the individual, family and community.

(9) Confidentiality of client information.

(10) Detection of signs of illness or dysfunction that warrant medical or nursing intervention.

(11) Maintenance of healthy skin: prevention of skin breakdown, body positioning and range of motion.

(12) Basic nursing and health related skills.

(13) Bladder and bowel training and management.

(14) Oral hygiene.

(15) Nutritional needs of clients including special feeding techniques.

(16) Behavior management.

(17) Emergency intervention procedures for behavior control.

(18) Prevention and control of infection.

(19) Fire and accident prevention and safety.

(20) Disaster preparedness.

(21) Clients' rights as specified in Welfare and Institutions Code, Sections 4502 through 4507, and Title 17, California Code of Regulations, Sections 50500 through 50550.

(22) The role and involvement of the parent, guardian, conservator or authorized representative, in the overall client service plan.

(23) Instruction in first aid and cardiopulmonary resuscitation to be taught by an instructor certified by the American Red Cross or the American Heart Association.

(24) If any client has epilepsy, the causes and treatment of epilepsy, care during and following an epileptic seizure, safety precautions, and protective equipment.

(25) Locating and using program reference materials.

(26) The use and proper application of postural supports.

(27) Caring for the dying client and understanding the grieving process.

(d) In addition to twenty-four (24) hours of in-service training the facility shall provide a ten (10) hour program in medication administration pursuant to section 73877 (f), either through a college system or through the facility medication training program, taught by the facility registered nurse and/or consultant pharmacist.

(1) The medication training program shall include, but not be limited to, the following:

(A) Use, action and side effects of drugs used in the facility.

(B) General practices, procedures and techniques for administering oral, rectal, eye, ear, nose and topical medications.

(C) Prescriber's verbal orders.

(D) Automatic stop orders.

(E) Medication storage and labeling.

(F) Disposition of unused and outdated medications.

(G) Requirements for documentation of the administration of medications and treatments.

(H) Requirements for documentation and physician notification of medication errors.

(I) Metric and apothecary dosages.

(J) Commonly used abbreviations.

(K) Locating and using reference materials.

(2) Successful completion of a college based or facility medication training program shall be documented in the employee's training record.

(3) Prior to unsupervised administration of medication by non-licensed direct-care staff, and annually thereafter, the facility registered nurse shall observe and certify the staff person's proficiency in handling, administering and recording of drugs given and shall document the proficiency in the staff person's training record.

(e) A Certified Nurse Assistant (CNA) may perform specific health maintenance procedures for clients, subject to the following:

(1) The health maintenance procedure shall be specifically ordered by the attending physician.

(2) The CNA shall be trained by the facility registered nurse (RN) to perform the procedures and shall demonstrate proficiency in performing the procedure while under the immediate supervision of the RN.

(3) A signed written statement shall be prepared by the RN which includes a certification of the CNA's competence to perform the procedure and which identifies for whom the procedure is applicable. This certifica-

tion shall be placed and maintained in the CNA's training record and in the unit client record.

(4) The certification is procedure and client specific, and shall not be transferred between clients or facilities.

(5) The RN shall be responsible for ongoing monitoring and staff implementation of the procedures. At least annually, the RN shall observe and confirm the CNA's proficiency in performing the approved procedure and shall update the certification.

(6) Training protocols for each of the procedures CNAs may perform shall be reviewed and approved as part of the facility program plan pursuant to Section 72659(a)(14).

(f) Documentation of each planned in-service education session shall be maintained, including the name and title of the presenter, date of presentation, title of subject covered including description and content, duration of the program and the legible signatures of those in attendance.

NOTE: Authority cited: Sections 208(a) and 1275.3, Health and Safety Code. Reference: Sections 1275.3 and 1276, Health and Safety Code; and Sections 4502–4507, Welfare and Institutions Code.

THE FOLLOWING INFORMATION IS RECOPIED FROM AMENDED DRAFT REGULATIONS (DHS MEMORANDUM DATED 10/1/1991). PAGE NUMBERS WERE ADDED FOR CLARITY.

AMENDED

73874. Program Services – Attendant Training Program.

(a) A training program shall be conducted by the Intermediate Care Facility/Developmentally Disabled – Nursing, or by an agency or public educational institution whose training meets the requirements of this Section. For the purpose of this Section, agency means private school, organization or individual that provides an attendant training program.

(b) The attendant training program shall be supervised and directed by a registered nurse or licensed vocational nurse.

(c) After successful completion of an attendant training program, an attendant shall receive a statement of completion from the course director that includes the number of hours completed, the date completed, the student's name, the signature of the instructor, and the name of the training institution.

(d) Registered nurses, licensed vocational nurses, licensed psychiatric technicians, dieticians, occupational therapists, physical therapists, physicians, social workers and other health professionals may conduct aspects of the training program appropriate to their disciplines.

(e) Application shall be made by the Intermediate Care Facility/Developmentally Disabled – Nursing, agency or public educational institution to the Department of Developmental Services for approval of the attendant training program.

(f) The attendant training program shall include:

1. One hundred (100) hours of clinical practice under the direct supervision of the instructor or a licensed nurse which shall include demonstrations of theory and health care skills. The student shall demonstrate each procedure under the immediate supervision of the instructor or a licensed nurse. During clinical practice, there shall be no more than five (5) students for each instructor at any time. Clinical practice shall take place in an Intermediate Care Facility/Developmentally Disabled – Nursing, and shall be conducted concurrently with classroom instructions.

2. Fifty (50) hours of classroom instruction which may be conducted in an Intermediate Care Facility/Developmentally Disabled – Nursing, or in an educational institution which shall include:

(A) Health care skills

1. Basic human anatomy and physiology
2. Prevention and transmission of disease and infection
3. Immediate and temporary health concerns including toothache, exposure to disease, injury and skin breaks.
4. Health enhancements

a. Nutrition

b. Personal hygiene and grooming

c. Prevention of illness

d. Services of a physical therapist, occupational therapist and speech therapist.

e. Communication needs including devices, signs, pre-speech and speech

5. Care of the incontinent patient
6. Skin Care

a. Routine skin care

b. Prevention of decubitus ulcers

c. Perineal care

(B) Developmental Disabilities

1. Causes of Developmental Disabilities

2. Normal growth and development

3. Techniques of behavioral change and principles of intervention.

(C) Developmental Programming

1. The Interdisciplinary team process

2. Training techniques

3. Socialization and recreational skills

(D) Record-keeping procedures

1. Observation and documentation

2. Evaluation and assessments

3. Data collection modalities

4. Data interpretation

5. Legal aspects of record-keeping and confidentiality

(E) Emergency interventions and services

1. Cardiopulmonary resuscitation (CPR), relief from choking and first aid.

2. Signs and symptoms of illness and appropriate actions.

3. Accident prevention.

4. Fire prevention, reporting and emergency procedures.

5. Disaster preparedness.

(g) Upon completion of the training program, the facility shall provide the attendant with a statement of completion, and shall maintain a record of completion in the attendant personnel file.

(h) The training program for each attendant shall commence within three (3) months of employment at the facility and shall be completed no later than six (6) months from the date of employment.

(i) It shall be the responsibility of the facility to ensure that competency is achieved by the attendant in all areas specified in the training program.

(j) Documentation of credit given shall be maintained in the attendant's personnel file.

NOTE: Authority cited: Sections 208(a) and 1275.3, Health and Safety Code.
Reference: Sections 1275.3 and 1276, Health and Safety Code.

ADDED

73874.1 Program Services – Orientation and In-Service Training.

(a) A person who is, or is eligible to be a qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician shall be designated responsible for coordinating staff development and education.

(b) All new staff shall be provided sixteen (16) hours of orientation by qualified mental retardation professional, a registered nurse, licensed vocational nurse or licensed psychiatric technician. These hours shall be completed and document within the first forty (40) hours of employment.

1. Prior to providing direct client care and during the first eight (8) hours of employment, each direct-care staff member shall be provided with the following:

(A) A tour of the facility.

(B) A description of the client population.

(C) The client's daily schedule.

(D) Instruction in the use and application of equipment and assistive devices.

(E) Instruction in unusual occurrence and life saving procedures including emergency procedures for relief of choking.

(F) Orientation to fire and disaster plans.

(G) An introduction to client care and special needs of developmentally disabled persons.

2. The remaining eight (8) hours of orientation shall include:

(A) Administrative structure of the facility.

1. Organization of staff.

2. Services offered.

3. The role of direct-care staff, including job descriptions, the team concept, attitudes and approaches to clients.

4. Personnel policies.

(B) The facility's philosophy of client care.

(C) Overall concepts of the facility's program to meet the needs of the clients, including normalization and interdisciplinary professional staff team concept.

(D) Developmental growth and assessment.

(E) Clients' activities of daily living.

(F) Implementation of the individual service plan.

(G) Clients' rights.

(H) Nursing policies and procedures.

(I) Legal and ethical considerations of health care.

(J) The role of federal and state regulations in the provision of care by employees.

(c) The facility shall require that all direct-care staff receive at least three (3) hours per month, thirty-six (36) hours annually, of planned in-service education which shall be documented and shall include:

1. Program techniques specified to the facility's clients.

2. Developing program objectives for clients.

3. Evaluation and assessment techniques.

4. Documentation of a client's response to his/her program including observation, reporting and recording.

5. Special developmental needs of the facility's clients.

6. Sensory deprivation and stimulation.

7. Interpersonal relationship and communication skills between staff and clients.

8. Psychosocial aspects of developmental disabilities as related to the individual, family and community.
9. Confidentiality of client information.
10. Detection of signs of illness or dysfunction that warrant medical or nursing intervention.
11. Maintenance of healthy skin: prevention of skin breakdown, body positioning and range of motion.
12. Basic nursing and health related skills.
13. Bladder and bowel training and management.
14. Oral hygiene.
15. Nutritional needs of clients including special feeding techniques.
16. Behavior management.
17. Emergency intervention procedures for behavioral control.
18. Prevention and control of infection.
19. Fire and accident prevention and safety.
20. Disaster preparedness.
21. Clients rights as specified in Sections 4502 through 4507 of the Welfare and Institutions Code and Sections 50500 through 50550 of Title 17, California Code of Regulations.
22. The role and involvement of the parent, guardian, conservator or authorized representative, in the client's individual service plan.
23. Instruction in first aid and cardiopulmonary resuscitation to be taught by an instructor certified by the American Red Cross or the American Heart Association.
24. If any client has epilepsy, instruction in the causes and treatment of epilepsy, care of the client during and following an epileptic seizure, safety precautions and protective equipment.
25. Locating and using program reference materials.
26. The use and proper application of postural supports.

27. Caring for the dying client and understanding the grieving process.

(d) In addition to twenty-four (24) hours of in-service training the facility shall provide a ten (10) hour program in medication administration pursuant to Section 73877(f), either through a college system or through the facility medication training program, taught by the facility registered nurse and/or consultant pharmacist.

1. The medication training program shall include the following:

(A) Use, action and side effects of drugs used in the facility.

(B) General practices, procedures and techniques for administering oral, rectal, eye, ear, nose and topical medications.

(C) Prescribers' verbal orders.

(D) Automatic stop orders.

(E) Medication storage and labeling.

(F) Disposition of unused and outdated medications.

(G) Requirements for documentation of the administration of medications and treatments.

(H) Requirements for documentation and physician notification of medication errors.

(I) Metric and apothecary dosages.

(J) Commonly used abbreviations

(K) Locating and using reference materials.

2. Successful completion of a college based or facility medication training program shall be documented in the employee's training record.

3. Prior to administration of medications by attendants, and annually thereafter, the facility registered nurse shall observe and certify the staff person's proficiency in handling,

administering and recording of medications given and shall document the proficiency in the staff person's training record.

(e) An attendant may perform a specific procedure for a specified client, subject to the following:

1. The procedure is specifically ordered by the attending physician.

2. Prior to performing the procedure, the attendant shall be trained by the facility registered nurse to perform the procedure and shall demonstrate proficiency in performing the procedure while under the immediate supervision of the registered nurse.

3. A signed written statement shall be prepared by the registered nurse which includes a certification of the attendant's competence to perform the procedure and which identifies the client for whom the certification is applicable. This certification shall be placed and maintained in the attendant's training record and a copy shall be placed in the client's record.

4. The certification is a procedure and client specific, and shall not be transferred between clients or facilities.

5. The registered nurse shall be responsible for the monitoring and staff implementation of the procedure. At least once every 3 months, the registered nurse shall observe and confirm the attendant's proficiency in performing the approved procedure and shall update the certification.

6. Training protocols for each procedure performed by an attendant shall be reviewed and approved as part of the facility program plan pursuant to 73859(a)(12).

(f) Attendants shall not insert or remove the following:

1. Nasogastric and gastrostomy tubes.
2. Tracheostomy appliances.
3. Indwelling catheters.
4. Any intravenous apparatus.

(g) Documentation of each planned in-service training session shall be maintained, including the name and title of the presenter, date of presentation, title of subject covered including description and content, duration of session and legible signatures of those in attendance.

NOTE: Authority cited: Sections 208(a) and 1275.3, Health and Safety Code.
Reference: Sections 1275.3 and 1276, Health and Safety Code; Sections 4502 through 4507, Welfare and Institutions Code; and Section 2728, Business and Professions Code.

NURSING PRACTICE ACT

Extracted From

BUSINESS AND PROFESSIONS CODE OF CALIFORNIA

2728. Attendants and Technicians in Institutions; Supervision *(return to table of contents)*

If adequate medical and nursing supervision by a professional nurse or nurses is provided, nursing service may be given by attendants, psychiatric technicians, or psychiatric technician interim permittees in institutions under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or subject to visitation by the State Department of Health Services or the Department of Corrections. Services so given by a psychiatric technician shall be limited to services which he or she is authorized to perform by his or her license as a psychiatric technician. Services so given by a psychiatric technician interim permittee shall be limited to skills included in his or her basic course of study and performed under the supervision of a licensed psychiatric technician or registered nurse.

The Directors of Mental Health, Developmental Services, and Health Services shall determine what shall constitute adequate medical and nursing supervision in any institution under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services or subject to visitation by the State Department of Health Services.
Notwithstanding any other provision of law, institutions under the jurisdiction of the State Department of Mental Health or the State Department of Developmental Services may utilize graduates of accredited psychiatric technician training programs who are not licensed psychiatric technicians or psychiatric technician interim permittees to perform skills included in their basic course of study when supervised by a licensed psychiatric technician or registered nurse, for a period not to exceed nine months.

(Amended by Stats. 1987, c. 464, § 1, eff. Sept. 9,1987.)

State of California Department of Consumer Affairs

BOARD OF REGISTERED NURSING
P O Box 944210, Sacramento, CA 94244-2100
TDD (916) 322-1700
Telephone (916) 322-3350
www.rn.ca.gov

Ruth Ann Terry, MPH, RN
Executive Officer

UNLICENSED ASSISTIVE PERSONNEL

The Board of Registered Nursing (BRN) has as its primary focus consumer protection. With increasing frequency, the BRN has been asked to render decision about how the practice of unlicensed assistive personnel relates to registered nursing practice. These unlicensed personnel often assume responsibilities which have historically and legally been within the scope of practice of licensed nurses. Recent examples of expanded activities by unlicensed care givers include regulation changes related to medical assistants and individuals providing in home supportive services for clients on Medi-Cal.

The growth of the use of unlicensed health care providers is a trend in our society. Managed care and other models of care delivery systems have brought forward the "universal care giver" model, which has unlicensed individuals performing functions which heretofore required a license. Many people, especially the elderly, are finding it desirable to seek non-traditional unlicensed health care services in settings such as assisted living, adult day care, and home care. Many of these settings, based on a social model of care and service, provide an improved quality of life over the traditional institutional nursing care setting.

The purpose of this document is to establish guidelines registered nurses (RNs) can use when called upon to make decisions about assigning to and supervision of unlicensed assistive personnel. Unlicensed health care givers should be utilized only to be **assistive** to licensed nursing personnel.

Legal Scope of Nursing Practice

The Nursing Practice Act defines the practice of registered nursing (Section 2725(a)) as "those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill." It is the RN's responsibility to use this knowledge and skill in the implementation of the nursing process: to make a comprehensive assessment (including physiological and psychosocial factors) of the nursing needs of the client, to make a nursing diagnosis, and to develop, implement, and evaluate the plan of care for the client.

The RN's legal responsibility for using the nursing process is delineated in Section 1443.5 of the California Code of Regulations. These Standards of Competent Performance require the RN to directly observe/assess the patient, stating in 1443.5(1) that the RN "Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team."

The following aspects of the nursing process shall be performed **only** by registered nurses:

1) performance of a comprehensive assessment;
2) validation of the assessment data;
3) formulation of the nursing diagnosis for the individual client;
4) identification of goals derived from nursing diagnosis;
5) determination of the nursing plan of care, including appropriate nursing interventions derived from the nursing diagnosis; and
6) evaluation of the effectiveness of the nursing care provided.

Unlicensed Assistive Personnel Defined

The term "unlicensed assistive personnel" refers to those health care workers who are not licensed to perform nursing tasks; it also refers to those health care workers who may be trained and certified, but are not licensed. Examples of unlicensed assistive personnel include (but are not limited to) certified nursing assistants, home health aides, and patient care technicians. The term "unlicensed assistive personnel" does not include members of the client's immediate family, guardians, or friends; these individuals may perform nursing care without specific authority from a licensed nurse [as established in Section 2727(a) of the Nursing Practice Act].

Effective Clinical Supervision

The ability of the RN to assess real or potential harm to the client regarding patient care procedures is seen as integral to determining which tasks may be performed by unlicensed assistive personnel. Section 1443.5(4) speaks to the RN's ability to "effectively supervise" other health care personnel. Such effective clinical supervision must take into account patient safety, the competency of the unlicensed care giver to perform the task, the number and acuity of patients, the number and complexity of tasks, and the number of staff which the direct care RN is clinically supervising. Staffing patterns must allow the direct care RN to independently make decision regarding assignment of tasks for a client, based upon the direct care RN's nursing judgment. Policies and procedures within each institution will reflect the above factors in determining the number of care givers an RN will be supervising at any one time.

Clients/Patients For Whom Tasks May and May Not Be Assigned

Tasks may be assigned to unlicensed assistive personnel if the client/patient is not medically fragile and performance of the task does not pose potential harm to the patient. This would include clients/patients with chronic problems who are in stable conditions. Tasks may **not** be assigned when the patient is **medically fragile**. Medically fragile is defined as a patient whose condition can no longer be classified as chronic or stable and for whom performance of the assigned task could not be termed routine. Medically fragile includes those patients who are experiencing an acute phase of illness, or are in an unstable state that would require ongoing assessment by an RN. When clients/patients with a chronic problem experience an acute illness routine tasks associated with on-going chronic problems may be assigned to unlicensed assistive personnel, if the task does not pose potential harm to the patient. In this situation, tasks associated with the acute illness may not be assigned to unlicensed assistive personnel.

Assignment of Tasks

Tasks which require a substantial amount of scientific knowledge and technical skill may **not** be assigned to unlicensed assistive personnel. Examples of restricted tasks requiring a substantial amount of scientific knowledge or technical skill include, but are not limited to: pre-procedure assessment and post-procedure evaluation of the patient; handling of invasive lines, sterile technique or procedure on a patient; parenteral medications or lines; nursing process including patient assessment, monitoring or evaluating; triaging of patients; patient education.

RNs may continue to assign to unlicensed assistive personnel those activities which unlicensed assistive personnel have traditionally performed in the delivery of patient care. These activities of daily living include basic health and hygiene tasks such as those a certified nursing assistant or home health aid is trained to perform. (Examples include but are not limited to: bathing, feeding, ambulating, vital signs, weight, assistance with elimination, maintaining a safe environment.)

Tasks which are judged by the direct care RN to not require the professional judgment of an RN may be assigned. Such assigned tasks shall meet all the following conditions:

a) be considered routine care for this patient;
b) pose little potential hazard for the patient;

c) involve little or no modification from one client-care situation to another;
d) be performed with a predictable outcome;
e) not inherently involve ongoing assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.

Examples of tasks which may be assigned include, but are not limited to: clean catheterization technique; simple dressing changes (i.e., clean technique where wound assessment is performed by a licensed nurse and where no wound debridement or packing is involved); suction of chronic tracheotomies (i.e., using clean technique); gastrostomy feedings in established, wound-healed gastrostomies.

Unlicensed assistive personnel may not reassign an assigned task. To reiterate, it is the direct care RN who ultimately decides the appropriateness of assignment of tasks. The registered nurse must be knowledgeable regarding the unlicensed assistive personnel's education and training, and must have opportunity to periodically verify the individual's ability to perform the specific tasks.

The activities of individuals such as OR technicians (who function under to supervision of the circulating RN), central supply workers, and medical assistants (who function under the direct supervision of the physician) are excluded from this policy.

State of California Department of Consumer Affairs

BOARD OF REGISTERED NURSING
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Ruth Ann Terry, MPH, RN
Executive Officer

THE RN AS SUPERVISOR

Most RNs are aware of their responsibility to supervise care provided by subordinates and to use judgment in delegating functions to them; however, at times incidents in which this was not the case are brought to the attention of the Board. Such incidents usually fall into one of three categories: delegation of tasks beyond the competence of a worker, delegation of functions outside the legal scope of practice of a worker, or failure to assume responsibility when a worker questions the appropriateness of care to be provided. Consider your own performance in respect to these categories as they are discussed here.

In delegating tasks to a subordinate it is essential that the RN know the capability of the worker because, although a license authorizes the same scope of practice for all persons so licensed, not all licensees have the same type and amount of education and experience. The number of functions each may be competent to perform therefore, may vary. This means that RNs have an obligation to assure that subordinates are clinically competent to perform the functions delegated to them; otherwise, tragic consequences may ensue. For an example, in a skilled nursing facility a just-hired nursing assistant was assigned to feed a group of patients, one of whom could not swallow and was fed via a gastrostomy tube. No one had determined whether or not the assistant was competent to understand the patient's care plan and to perform the appropriate type of feeding. As a result the patient was fed by mouth and expired in the process. An initial evaluation of this assistant's skill would have shown that she was not yet competent to care for this patient.

Assessment of a worker's skills should take place at the start of the work relationship prior to assigning patients for care. Can the worker perform all areas of the established job description? If not, a remediation plan should be developed, and in the meantime assignments should be made with the worker's limitations in mind.

Delegation of functions outside the legal scope of practice of a worker may occur inadvertently. Many, but not all, nursing functions legally may be performed by certified nursing assistants (CNA), LVNs and RNs, and failure to recognize differences can result in problems. In one case which came to the attention of the Board an inappropriate assignment resulted in legal difficulties for both the involved RN and the subordinate, although fortunately in this case the patient was not harmed.

Failure to assume responsibility when a subordinate questions the appropriateness of care to be provided can lead to very serious consequences. While it is true that LVNs practice on their own licenses, RNs must recognize that by law LVNs practice under the direction of registered nurses (or physicians), and that when an LVN expresses doubt about proceeding with an order the RN must listen and assume responsibility for advising the LVN appropriately. In one case brought to the attention of the Board an LVN had read an insulin order as 150 units instead of 15 units because the abbreviation for units after the number 15 appeared to be a zero instead of a "u". She believed this to be an excessive dose and consulted with her RN team leader, who was busy and simply told her to give whatever the physician had ordered. Later it dawned on the RN also that 150 units was a questionable amount of insulin, but not before the wrong dose had been administered.

In each case cited here the RN failed in the responsibility to supervise a subordinate and thereby exposed patients to harm. The RN for whom CNAs, LVNs, RNs **or others** receive their assignments or to whom they are accountable has supervisory duties; this is true **whether the work title is supervisor or something else**, such as team leader, charge nurse, or director of nurses, and the supervising RN has responsibility for the nursing care provided.

The BRN becomes involved in incidents such as those discussed here when complaints are communicated to its Law Enforcement Unit, usually by patients or their families, health care providers or health care agencies such as the Department of Health Services. Complaints are investigated to determine whether there is supporting evidence and if so appropriate action is taken to protect consumers of nursing care from harm.

THE ROLE OF THE REGISTERED NURSE…
TITLE 22 REQUIREMENTS
ICF/DD, ICF/DD-H AND ICF/DD–N[1] HEALTH FACILITIES

RN Role	ICF/DD	ICF/DD-H	ICF/DD-N
RN Authority to Carry Out Nursing Functions	RN has, in writing, administrative authority, responsibility and accountability for nursing services. RN has authority to make judgments regarding client health issues, within the scope of the Nurse Practice Act. *76355(b) RN must have knowledge and experience in the field of developmental disabilities.*	Licensee delegates to RN, in writing, authority to carry out required nursing functions. The RN has authority to make judgments regarding client health issues within the scope of the Nurse Practice Act. Section 76878(b)	Licensee delegates to RN, in writing, authority to carry out required nursing functions. The RN has authority to make judgments regarding client health issues within the scope of the Nurse Practice Act. Section 73876(d)
RN Oversight	The RN in charge of nursing services is present 8 hours a day, 5 days a week on the day shift, with relief RN coverage 8 hours a day for the remaining two days in the week.	RN employed or via formal contract visits the facility for health services and client health assessment as needed but no less than one hour per client per week. Section 76876(a)	RN employment/contract requirements same as ICF/DD-H Visits the facility for health services and client health assessments as needed but no less than 1.5 hours per week. ▪ RN must have one year clinical experience Section 73879(b)

[1] Intermediate Care Facilities/Developmentally Disabled (ICF/DD-H), Intermediate Care Facilities/Developmentally Disabled-Habilitiative (ICF/DD-H and Intermediate Care Facilities/Developmentally Disabled-Nursing (ICF/DD-N)

Client Teaching	Personal Hygiene, family life, sex ed. Section 76345	Personal Hygiene, family life, sex ed. Section 76875(a)(1)	Personal Hygiene, family life, sex ed. Section 73876(a)(1)
Participation in IDT	Required (unless inappropriate) for: ▪ Pre admit and admission evaluation ▪ Periodic re-evaluation of services ▪ Discharge plan Section 76345(d)(1-5)	Required (unless inappropriate) for: ▪ Pre admit and admission evaluation ▪ Periodic re-evaluation of services ▪ Discharge plan Section 76875(d)(1-5)	Required (unless inappropriate) for: ▪ Pre admit and admission evaluation ▪ Periodic re-evaluation of services ▪ Discharge plan *Pre admission evaluation must make recommendations regarding the facility's ability to meet the client's medical/ nursing needs.* Section 738756(d)(1-5)
Nursing Services Plan	Written plan for provision of all nursing services **– developed and implemented.** Section 76345(a)(6)	Written plan for provision of all nursing services **– developed and implemented.** Section 76875(a)(2)	Written plan for provision of all nursing services **– developed and implemented.** Section 73877(a)(2)
Evaluation of Nursing Services Plan	Required at least every six months. Section 76345(a)(7)	Required at least every six months. Section 76875(a)(3)	Required at least every six months. Section 73876(a)(3)
Drug Regimen Review	Drug regimen reviewed monthly by RN or Pharmacist at least monthly and prepare appropriate reports. Section 76411(b)	Drug regimen reviewed monthly by RN or Pharmacist at least monthly and prepare appropriate reports. Section 76905(b)	The RN shall review all medication documentation and recordings for compliance with regulatory requirements and acceptable standards no less often than every two weeks. Shall include documentation in the client

			record with specific notation of all noncompliances found and corrective action taken. Section 76876(c)
Medication Administration	Medications administered by licensed nursing staff only. Exception: with direct supervision of licensed nursing or medical personnel unlicensed staff who are trained and competent may administer: ▪ Medicinal shampoos and baths ▪ Laxative suppositories and enemas ▪ Non-legend topical ointments, creams, lotions when applied to intact skin surface. Section 76347(i)(2)(A-C)	Facility RN designates specific unlicensed direct care staff to administer medications if staff have successfully completed a medication administration program. ▪ Facility RN may teach the medication administration course. ▪ Facility RN certifies and documents staff proficiency in writing. Section 76876(f)(1), (3):	Facility RN designates specific unlicensed direct care staff to administer medications if staff have successfully completed a medication administration program. ▪ Facility RN may teach the medication administration course. ▪ Facility RN certifies and documents staff proficiency in writing. ▪ RN verifies staff proficiency initially and annually. Section 73874(d)(3)

R.N. Role…Requirements Specific to Intermediate Care Facilities/Developmentally Disabled – Nursing

Attendant Training Program*	If taught at the ICF/DD-N facility, the training program must be supervised and directed by an RN or Licensed Vocational Nurse. Section 73874(a) ▪ The facility is held accountable to ensure that competency is achieved by the attendant in all areas specified in the training program. Section 73874
Assignment of Specialized Procedures*	*Once the attendant has successfully completed the required attendant training program and competency evaluation he or she can perform specific specialized procedures if the following criteria are met:* ▪ The physician must order the specific procedure. Section 73874.1(e)(1) ▪ The facility RN assesses the abilities of the attendant, the complexities of the procedure, stability of the client condition and any other applicable variables. ▪ Prior to performing the procedure, the facility RN trains the attendant to perform the procedure. ▪ Attendant demonstrates proficiency in performing the procedure while under the immediate supervision of the RN. ▪ The attendant is trained to recognize complications which could arise as a result of the procedure while under the immediate supervision of the RN. ▪ The attendant is knowledgeable about how to respond if a complication does arise. Section 73874.1 (e)(2).
Certification of Attendant's Competence	The facility RN certifies in writing: ▪ The attendant's competence to perform the procedures. ▪ The client for whom the certification is applicable. Copies of the certification are placed in the attendant's training record and the client's record. Section 73874.1(e)(3)
RN Monitoring of Attendant Compliance	The facility RN is responsible for monitoring staff implementation of the procedure. ▪ At least every 3 months the facility RN observes and confirms the attendant's proficiency in performing the procedure. ▪ The RN updates the attendant's certification. Section 73874.1(e)(5)

*Attendant Training Programs and Specialized Procedures Protocols must be approved by the Department of Developmental Services (DDS). For information, contact Lessie J. Murphy, Nurse Consultant, DDS, Health Facilities Program Section at (916) 654-2430.

Considerations For The Assignment And Performance Of Specialized Procedures

Non-licensed direct care staff may perform specialized procedures in ICF/DD-N facilities once written protocols for the procedures have been approved by the Department of Developmental Services, Health Facilities Program Section. Upon receipt of the approval letter by the facility, it is the responsibility of the facility registered nurse to provide training, certification and on-going monitoring of non-licensed direct care staff performing the approved specialized procedures. In the provision of quality health care, it is also the responsibility of the registered nurse to determine when tasks or performance of approved specialized procedures may be appropriately assigned to non-licensed direct care staff. This suggested listing was developed from various resources to assist the registered nurse in making those determinations. Please review the considerations when requesting an approval for a specialized procedure protocol.

Considerations for assignment and performance of specialized procedures by non-licensed direct care staff includes, but are not limited to the following:

1. Client has a chronic and stable health condition requiring the procedure and the procedure is considered routine for this client.
2. Pose little potential hazard for the client.
3. Involve little or no modification from client care situation to another.
4. Be performed with predictable outcome.
5. Not inherently involve on-going assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.
6. Staff have been employed at the facility for such time as to be familiar with policies and procedures and knowledgeable of emergency responses.
7. Staff have been trained by the registered nurse to perform specific procedure required by the client and there is frequent RN supervision.
8. Licensed staff may be required to perform procedure for limited period of time.

Non-licensed direct care staff shall NOT insert or remove the following:

1. Nasogastric and gastrostomy tubes.
2. Tracheostomy appliances.
3. Indwelling catheters.
4. Any intravenous apparatus.

References:
Board of Registered Nursing, Advisory, Unlicensed Assistive Personnel, 7/1977
Department of Health Services, Licensing and Certification, Amended Title 22 Draft Regulations.

SPECIALIZED PROCEDURE FORMAT

1. **SUBJECT OR TITLE**: (e.g. Enteral feeding, gravity or via asepto syringe, intermittent or continuous. However you want to convey subject to your staff).

2. **PURPOSE**: (e.g. To provide nutrition, hydration and administer medication to the client).

3. **WHO MAY PERFORM THIS PROCEDURE**: RN, LVN and attendant care staff who have been trained, certified, and are provided on-going monitoring by the registered nurse.

4. **EQUIPMENT LIST**: List all equipment necessary to carry out the procedure based upon the subject title (e.g. See two examples below necessary for enteral feeding).

    a. Formula at room temperature.
    b. 60 cc syringe.
    c.

5. **PROCEDURE**: List step by step process used to perform the procedure and the rationale for the action if you need to draw particular attention to the step. Beginning steps include:

Steps	Rationale
1. Check physician's order.	
2. Wash your hands.	Supports infection control.
3. Gather equipment.	
4. Explain the procedure to client.	Helps to relax client.
5. Provide privacy for client.	

6. **DOCUMENTATION:** Indicate under this heading, where, what and how often staff are to document the procedure. Documentation should be individualized to a specific procedure and client health care needs and response. Include how client tolerated procedure, procedure completed, vital signs, B/P and respiratory status when appropriate. Note any changes, problems, complications and/or signs and symptoms of infection, who notified, actions taken, and were they effective.

The specialized procedure is individualized to the facility. The procedure is to be developed from the most current literature and guidelines based on sound nursing practices and <u>not copies from published books and manuals</u>. Individualized delivery of the procedure is indicated in the client's *Health Care Plan*, including any physician's orders that further clarify or specify how the procedure is to be done. The staff are to be trained in the general procedure and in specific procedures for specific clients. The training is to be documented in the employees' file, as well as the client's record.

SPECIALIZED PROCEDURES REQUEST COVER SHEET

DS 1851 (New 8/2004) Electronic Version

Reset Form Print

Please send this cover sheet with your request for approval of Specialized Procedures.
Please use one sheet per procedure.

DATE

FACILITY NAME

CORPORATION

RN/INSTRUCTOR

REGIONAL CENTER

TEACHING METHOD: (select one)

- ○ Lecture
- ○ Lecture/Video
- ○ Lecture/Literature
- ○ Other: _____

TOPIC: (select one)

- ○ Apnea monitoring
- ○ Colostomy care
- ○ Gastrostomy feeding and care
- ○ Medication administration via a gastrostomy tube
- ○ Tracheostomy care and light suctioning
- ○ Oxygen therapy
- ○ Intermittent positive-pressure breathing
- ○ Catheterization - clean technique
- ○ Wound care - simple dressing changes
- ○ Other: _____

DESIGNATED FACILITY REPRESENTATIVE

PHONE

FAX

DDS APPROVAL

DATE

HEALTH FACILITIES PROGRAM
PLAN DEVELOPMENT

Section V:
QMRP & Consultants/Professional Staff Information

QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP) REQUIREMENTS

PROGRAM FLEXIBILITY

The Department of Developmental Services (DDS) expanded the required qualifications of persons who may serve as a Qualified Mental Retardation Professional (QMRP) when the Federal ICF/MR regulations became effective in October 1988. DDS adopted the federal definition for QMRP in all ICF/DD, ICF/DD-H, ICF/DD-N and ICF/DD-CN facilities. The federal criteria outdates the state regulations specified in the California Code of Regulations, Title 22.

The sections of the Code of Federal Regulations specific to QMRP qualifications are included in this section.

TRANSLATION/EDUCATION EQUIVALENCY

All QMRP applicants must meet the United States education equivalency requirements. In order to ensure compliance with the Federal Regulations, the Health Facilities Program Section (HFPS) staff refers licensees to translation agencies for those applicants who received their degrees or diplomas outside of the United States. QMRP approvals will not be granted without these translation documents that confirm the applicant meets the US education equivalency requirements.

DDS does not endorse any translation agency. There are translation agencies available in the yellow pages and on the Internet.

QMRP APPROVALS

DDS must review and approve all QMRPs. Request for QMRP approvals must be submitted with your initial program plan.

Any QMRP changes made <u>after</u> the initial program approval need to be reviewed and approved by the HFPS staff. Submit to assigned analyst, a copy of the QMRP applicant's degree, license or qualifying document and a copy of their resume along with the DS 1852 Application Form completed front and back.

You will receive a decision on the requested action via a signed copy of your DS 1852 Application Form. If there are any questions you will be contacted by phone, email or fax. This signed form will serve as your approval document.

Code of Federal Regulations
Centers for Medicare and Medicaid Services
State Operations Manual

Appendix J

Survey Procedures and Interpretive Guidelines For Intermediate Care Facilities for Persons with Mental Retardation

(Sections 483.430(a) W159 thru 483.430(b)(5)(x) W180)

W158

§483.430 Condition of Participation: Facility Staffing

§483.430 Compliance Principles

The Condition of Participation of Facility Staffing is met when:

- The Condition of Participation of Active Treatment is met (i.e., there are sufficient numbers of competent, trained staff to provide active treatment.); and

- The Condition of Participation of Client Protections is met (i.e., there are sufficient numbers of competent, trained staff to protect individuals' health and safety.).

The Condition of Participation of Facility Staffing is not met when:

- The Condition of Participation of Active Treatment has first been determined to be not met and the lack of active treatment has resulted from insufficient numbers of staff or lack of trained, knowledgeable staff to design and carry out individual's programs; or

- The Condition of Participation of Client Protections has first been determined to be not met and the lack of client protection has resulted from insufficient numbers of competent, trained staff to protect the health and safety of individuals.

§483.430(a) Standard: Qualified Mental Retardation Professional

W159

Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional

Facility Practices §483.430(a)

There is an assigned qualified mental retardation professional (QMRP).

There are sufficient numbers of QMRPs to accomplish the job.

The QMRP observes individuals, reviews data and progress, and revises programs based on individual need and performance.

The QMRP ensures consistency among external and internal programs and disciplines.

The QMRP ensures service design and delivery which provides each individual with an appropriate active treatment program.

The QMRP ensures that any discrepancies or conflicts between programmatic, medical, dietary, and vocational aspects of the individual's assessment and program are resolved.

The QMRP ensures a follow-up to recommendations for services, equipment or programs.

The QMRP ensures that adequate environmental supports and assistive devices are present
to promote independence.

Guidelines §483.430(a)

View the person serving in the QMRP role as pivotal to the adequacy of the program the individual receives, since it is this role that is intended to ensure that the individual receives those services and interventions necessary by competent persons capable of delivering them. The paramount importance of having persons competent to judge and supervise active treatment issues cannot be overstated.

An individual's IPP may be coordinated and monitored by more than one QMRP or by other staff persons who perform the QMRP duties. There must, however, be one QMRP who is assigned primary responsibility and accountability for the individual's IPP and the QMRP function.

The regulations do not specify if the person designated as QMRP must do the duties of a QMRP exclusively, or is allowed to perform other professional staff duties in addition. The facility has the flexibility to allocate staff resources in whatever manner it believes is necessary as long as it ensures that the QMRP function is performed effectively for each individual.

The test of whether the number of QMRPs is adequate rests with the ability of the facility to provide the services described in §483.430(a) in an effective manner. The number will vary depending on such factors as the number of individuals the facility serves, the complexity of needs manifested by these individuals, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QMRP function.

Probes §483.430(a)

Are the QMRP functions actually being carried out, or is paperwork simply reviewed?

Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QMRP function?

Are program areas visited and are performance and problems of individuals discussed?

Does the plan flow from only the original diagnosis/assessment? Does it take into consideration interim progress on plans and activities?

Does the QMRP make recommendations and requests on behalf of individuals? How does the facility respond?

W160

Who--

§483.430(a)(1) Has at least one year of experience working directly with persons with mental retardation or other developmental disabilities; and

(a)(2) Is one of the following:

W161

(a)(2)(i) A doctor of medicine osteopathy.

W162

(a)(2)(ii) A registered nurse.

W163

(a)(2)(iii) An individual who holds at least a bachelor's degree in a professional category specified in paragraph (b)(5) of this section.

§483.430(b) Standard: Professional Program Services

W164

§483.430(b)(1) Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.

Facility Practices §483.430(b)(1)

Individuals receive professional services when the comprehensive functional assessment or the active treatment program defined by the IPP requires the knowledge, skills and expertise of someone specially trained in a given discipline in order to be effectively implemented.

In the presence of a functional deficit, there is input by the relevant professional discipline(s) in order to assess the individual and develop a relevant active treatment program.

Guidelines §483.430(b)(1)

For an active treatment program to be responsive to the individual's unique needs, there must be a foundation of competent professional knowledge that can be drawn upon in the implementation of the interdisciplinary team process. Individuals with developmental deficits will require initial, temporary, or ongoing services from professional staff, knowledgeable about contemporary care practices associated with these areas. A special mention needs to be made that individuals should not be provided with services that are **not** needed (e.g., if an individual is basically healthy and not on medication, then the individual should not be provided extensive health and health-related services).

The needs identified in the initial comprehensive functional assessment, as required in §483.440(c)(3)(v), should guide the team in deciding if a particular professional's further involvement is necessary and, if so, to what extent professional involvement must continue on a direct or indirect basis.

Since such needed professional expertise may fall within the purview of multiple professional disciplines, based on overlapping training and experience, determine if the facility's delivery of professional services is adequate by the extent to which individuals' needs are aggressively and competently addressed. Some examples in which professional expertise may overlap include:

- **Physical development and health**: nurse (routine medical or nursing care needs that do not interfere with participation in other programs); physician, physician assistant, nurse practitioner (acute major medical intervention, or the treatment of chronic medical needs which will be dependent upon an individual's success or failure in other treatment programs).

- **Nutritional status**: nurse (routine nutritional needs that do not affect participation in other programs); nutritionist or dietitian (chronic health problems related to nutritional deficiencies, modified or special diets).

- **Sensorimotor development**: physical educators, adaptive physical educators, recreation therapists, (routine motor needs involving varying degrees of physical fitness or dexterity); special educators or other visual impairment specialists (specialized mobility training and orientation needs); occupational therapist, physical therapist, physiatrist (specialized fine and gross motor needs caused by muscular, neuromuscular, or physical limitations, and which may require the therapeutic use of adaptive equipment or adapted augmentative communication devices to increase functional independence); dietitians to increase specialized fine and gross motor skills in eating.

- **Affective (emotional) development**: special educators, social workers, psychologists, psychiatrists, mental health counselors, rehabilitation counselors, behavior therapists, behavior management specialists.

- **Speech and language (communication) development**: speech-language pathologists, special educators for people who are deaf or hearing impaired.

- **Auditory functioning**: audiologists (basic or comprehensive audiologic assessment and use of amplification equipment); speech-language pathologists (like audiologists, may perform aural rehabilitation); special educators for individuals who are hearing impaired.

- **Cognitive development**: teacher (if required by law, i.e., school aged children, or if pursuit of GED is indicated), psychologist, speech-language pathologist.

- **Vocational development:** vocational educators, occupational educators, occupational therapists, vocational rehabilitation counselors, or other work specialists (if development of specific vocational skills or work placement is indicated).

- **Social Development**: teachers, professional recreation staff, social workers, psychologists (specialized training needs for social skill development).

- **Adaptive behaviors or independent living skills:** Special educators, occupational therapists

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W165

Professional program staff must work directly with clients

Facility Practices §483.430(b)(1)

Individuals receive interventions or services directly from professional staff when required by individual needs, program design, implementation, or monitoring.

W166

and with paraprofessional, nonprofessional and other professional program staff who work with clients.

Facility Practices §483.430(b)(1)

When required by individual need, program design, implementation, or monitoring, professional staff work directly with paraprofessional, nonprofessional and other

professional program staff to assure that these individuals have the skills necessary to carry out the needed interventions.

Guidelines §483.430(b)(1)

There are some individuals in ICFs/MR who can often have their needs effectively met without having direct contact with professional staff on a daily basis. The intent of the requirement is not to require that professionals work directly with individuals on a daily basis, but only as often as an individual's needs indicate that professional contact is necessary. The amount and degree of direct care that professionals must provide will depend on the needs of the individual and the ability of other staff to train and direct individuals on a day-to-day basis.

W167

§483.430(b)(2) The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

Facility Practices §483.430(b)(2)

Each individual receives professional interventions as needed and specified in the IPP, in sufficient quantity to assure correct implementation.

Guidelines §483.430(b)(2)

If there is sufficient evidence that para- and non-professional staff demonstrate the needed competencies to carry through with intervention strategies, you may be satisfied there is sufficient professional staff to carry out the active treatment program. However, if the professional's expertise is not demonstrable at the para- and non-professional staff level, question both the numbers of professional staff and the effectiveness of the transdisciplinary training of para- and non-professional staff.

Probes §483.430(b)(2)

Are these services available when they are most beneficial for the individual?

Are these people available to staff on other shifts? Weekend staff?

Are professional staff available to monitor the implementation of individual programs if necessary?

W168

§483.430(b)(3) Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.

Facility Practices §483.430(b)(3)

When necessary to develop, implement or monitor an individual's active treatment program, appropriate professional staff participate as interdisciplinary team (IDT) members.

Guidelines §483.430(b)(3)

"Participate" means providing input through whatever means is necessary to ensure that the individual's IPP is responsive to the individual's needs. The purpose of the interdisciplinary team process is to provide team members with the opportunity to review and discuss information and recommendations relevant to the individual's needs, and to reach decisions as a team, rather than individually, on how best to address those needs. Therefore, determine whether or not there is a pattern of active treatment based on professional participation in the process.?

Without a negative outcome to demonstrate that professional involvement in any aspect of the active treatment process (e.g., comprehensive functional assessment, IPP development, program implementation, etc.) was insufficient or inaccurate, the facility is allowed the flexibility to use its resources in a manner that works in behalf of the client, in accordance with the regulations.

W169

§483.430(b)(4) Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members.

Facility Practices §483.430(b)(4)

Professional staff receive training in their own discipline to assure adequate delivery of services and to be aware of developments in their field.

Professional staff receive training in other disciplines to the extent necessary to meet the needs of each individual.

Professional staff provide training to others.

Guidelines §483.430(b)(4)

"Participate" means both seeking out self-training and provision of training to others.

W170

§483.430(b)(5) Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices.

Probes 483.430(b)(5)

How does the facility verify that its professionals meet State licensing requirements?

Those professional program staff who do not fall under the jurisdiction of State licensure, certification, or registration requirements, specified in §483.410(b), must meet the following qualifications:

W171

§483.430(b)(5)(i) To be designated as an occupational therapist, an individual must be eligible for certification as an occupational therapist by the American Occupational Therapy Association or another comparable body.

Guidelines §483.430(b)(5)(i)-(ix)

The introductory phrase "to be designated as…" means that a provider is allowed to represent him or herself as a professional provider in that discipline, only if the provider meets State licensing requirements, or if the particular discipline does not fall under State licensure requirements, the provider meets the qualifications specified in §§483.430(b)(5)(i)-(ix). A person who is not qualified, for example, as a social worker, may not be referred to as a social worker per se. Nevertheless, such a person may be able to provide social services in an ICF/MR if there is no conflict with State law, and as long as the individuals' needs are met.

W172

§483.430(b)(5)(ii) To be designated as an occupational therapy assistant, an individual must be eligible for certification as a certified occupational therapy assistant by the American Occupational Therapy Association or another comparable body.

W173

§483.430(b)(5)(iii) To be designated as a physical therapist, an individual must be eligible for certification as a physical therapist by the American Physical Therapy Association or another comparable body.

W174

§483.430(b)(5)(iv) To be designated as a physical therapy assistant, an individual must be eligible for registration by the American Physical Therapy Association or be a graduate of a two year college-level program approved by the American Physical Therapy Association or another comparable body.

W175

§483.430(b)(5)(v) To be designated as a psychologist, an individual must have at least a master's degree in psychology from an accredited school.

§483.430(b)(5)(vi) To be designated as a social worker, an individual must--

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W176

§483.430(b)(5)(vi)(A) Hold a graduate degree from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or

§483.430(b)(5)(vi)(B) Hold a Bachelor of Social Work degree from a college or university accredited or approved by the Council on Social Work Education or another comparable body.

§483.430(b)(5)(vii) To be designated as a speech-language pathologist or audiologist, an individual must--

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W177

§483.430(b)(5)(vii)(A) Be eligible for a Certificate of Clinical Competence in Speech-Language Pathology or Audiology granted by the American Speech-Language-Hearing Association or another comparable body; or

§483.430(b)(5)(vii)(B) Meet the educational requirements for certification and be in the process of accumulating the supervised experience required for certification.

W178

§483.430(b)(5)(viii) To be designated as a professional recreation staff member an individual must have a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical education.

W179

§483.430(b)(5)(ix) To be designated as a professional dietitian, an individual must be eligible for registration by the American Dietetics Association

Guidelines §483.430(b)(5)(ix)

The Commission on Dietetic Accreditation of the American Dietetic Association is the organization to whom the American Dietetic Association delegates this responsibility.

W180

§483.430(b)(5)(x) To be designated as a human services professional an individual must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).

Guidelines §483.430(b)(5)(x)

The intent for including a "human services professional" category is to expand the number and types of persons who could qualify as QMRPs, while still maintaining acceptable professional standards.

"Human services field" includes all the professional disciplines stipulated in §§483.430(a)(3)(i)(ii) and §§483.430(b)(5)(i)-(ix), as well as any related academic disciplines associated with the study of: human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts).

An individual with a "bachelors degree in a human services field" means an individual who has received: **at least** a bachelor's degree from a college or university (master and doctorate degrees are also acceptable) and has received academic credit for a major or minor coursework concentration in a human services field, as defined above. Although a variety of degrees may satisfy the requirements, majors such as geology and chemical engineering are not acceptable.

Taking into consideration a facility's needs, the types of training and coursework that a person has completed, and the intent of the regulation, the facility and you can exercise wide latitude of judgment to determine what constitutes an acceptable "human services" professional. Again, the key concern is the demonstrated competency to do the job.

W181

§483.430(b)(5)(xi) If the client's individual program plan is being successfully implemented by facility staff, professional program staff meeting the qualifications of paragraph (b)(5)(i) through (x) of this section are not required--

(b)(5)(xi)(A) Except for qualified mental retardation professionals;

(b)(5)(xi)(B) Except for the requirements of paragraph (b)(2) of this section concerning the facility's provision of enough qualified professional program staff; and

(b)(5)(xi)(C) Unless otherwise specified by State licensure and certification requirements.

§483.430(c) Standard: Facility Staffing

W182

§483.430(c)(1) The facility must not depend upon clients or volunteers to perform direct care services for the facility.

Facility Practices §483.430(c)(1)

The facility has sufficient staff to provide needed care and services without the use of volunteers or enlisting the help of individuals residing in the facility.

Guidelines §483.430(c)(1)

Volunteers may provide **supplementary** services. The facility may not rely on volunteers to fill required staff positions and perform direct care services.

Examine closely the adequacy of staffing when individuals served are engaged in the care, training, treatment or supervision of other individuals, either as part of training, "volunteer work," or normal daily routines. (See W131-W132 for additional interpretation of productive work done as a "volunteer" or as part of the individual's active treatment program.) The test of adequacy is whether or not there is sufficient staff to accomplish the job in the absence of the individual's work. Work done as part of an active treatment training program requires that the staff are monitoring and teaching new skills as part of the IPP.

HEALTH FACILITIES PROGRAM
PLAN DEVELOPMENT

Section VI:
Task Two Protocol
Development of Policy on Abuse and Neglect

DEVELOPMENT OF FACILITY POLICY ON ABUSE AND NEGLECT

State and federal regulations require that providers develop a policy on client abuse and neglect and investigation of complaints. There are many regulations that you will need to be familiar with to develop your policy. Refer to the Code of Federal Regulations, the California Code of Regulations, Title 22 and 17.

Review of the facility's policy on neglect, abuse and complaints is known as the Task Two Protocol by surveyors.

The Code of Federal Regulations, Center for Medicare and Medicaid Services, Appendix Q is included this section. This document is taken from the surveyor's manual and it contains the recommended key components of a systematic approach to preventing abuse and neglect. Refer to the section on the right side of the page for information specific to ICF/MR facility types. Ensure that your policy addresses each of these components.

California Code of Regulations, Title 17, Sections 54302 and 54327 include information on Requirements for Special Incident Reporting by Vendors and Long Term Health Care Facilities. Ensure that your policy reflects these reporting requirements.

Also included in this section is a quick reference document, Special Incident Reporting (SIR) Requirements. Feel free to use this reference list of SIR types to train your staff or post in your facility.

Code of Federal Regulations
Centers for Medicare and Medicaid Services

Appendix Q

Guidelines for Determining Immediate Jeopardy – Seven Components to Abuse Prevention

OVERVIEW
RECOMMENDED KEY COMPONENTS
OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
1. **PREVENT**	**The facility or system has the capacity to prevent the occurrence of abuse and neglect and reviews specific incidents for "lessons learned" which form a feedback loop for necessary policy changes.**	483.13(b) 483.13(c) 483.13(c)(3)	The facility must develop and implement policies and procedures that include the seven key components: screening, training, prevention, identification, investigation, protection and reporting/response; the facility identifies, corrects and intervenes in situations in which abuse or neglect is more likely to occur, and the facility identifies characteristics of physical environment and deployment of staff and residents (e.g., those with aggressive behaviors) likely to precipitate abuse or neglect.	483.420(a)(5) 483.420(d)(1) 483.420(d)(1)(I)	The facility has and implements abuse prevention policies and procedures; and the facility organizes itself in such a manner that individuals are free from threat to their health and safety.

OVERVIEW
RECOMMENDED KEY COMPONENTS
OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
2. **SCREEN**	**The facility or system provides evidence and maintains efforts to determine if persons hired have records of abuse or neglect.**	483.13(c)(1)(ii) (A)&(B)	The facility screens potential employees for a history of abuse, neglect, or mistreating residents as defined by the applicable requirements.	483.420()(1)(iii)	The facility screens potential employees to prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect, or mistreatment.
3. **IDENTIFY**	**The facility or system creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse and neglect.**	483.13(c)(2)	The facility identifies events such as suspicious bruising of residents, occurrences, patterns and trends that may constitute abuse; and determine the direction of the investigation.	483.420(a)(5)	The facility identifies patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.

OVERVIEW
RECOMMENDED KEY COMPONENTS
OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
4. **TRAIN**	**The facility or system, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse and neglect and related reporting requirements, including prevention, intervention and detection.**	483.74(e)	The facility has procedures to train employees, through orientation and on-going sessions, on issues related to abuse prohibition practices.	483.420(d)(1) 483.430(e)(1)	Facility ensures that staff can define what constitutes abuse and punishment and actively promotes respect for individuals; and facility assures that staff have received training, both upon hiring and on an ongoing basis, which results in the competencies needed to do their job.
5. **PROTECT**	**The facility or system must protect individuals from abuse and neglect during investigation of any allegations of abuse or neglect.**	483.13(c)(3)	The facility has procedures to protect residents from harm during an investigation.	483.430(d)(3)	The facility prevents further potential abuse while the investigation is in progress.
6. **INVESTIGATE**	**The facility or system ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect, or mistreatment.**	483.13(c)(2)(3)&(4)	The facility has procedures to investigate different types of abuse; and identify staff member responsible for the initial reporting of results to the proper authorities.	483.420(d)(3)	The facility investigates all injuries of unknown origin and allegations of mistreatment, neglect, or abuse.

OVERVIEW
RECOMMENDED KEY COMPONENTS
OF SYSTEMIC APPROACH TO PREVENT ABUSE AND NEGLECT

Examples--Key Components applied to the following provider types:

KEY COMPONENTS APPLICABLE TO ALL PROVIDERS		NURSING HOMES		ICFs/MR	
		Regulation Authority	Survey Guidance Surveyors determine if:	Regulation Authority	Survey Guidance Surveyors determine if:
7. **REPORT/ RESPOND**	**The facility or system must assure that any incidents of substantiated abuse and neglect are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, State or Federal law.**	483.13(c)(1)(iii) 483.13(c)(2) 483.13(c)(4)	The facility has procedures to report all alleged violations and substantiated incidents to the State agency and to all other agencies, as required, and to take all necessary corrective actions, depending on the results of the investigation; report to State nurse aide registry or licensing authorities any knowledge it has of any action by a court of law which would indicate an employee is unfit for service, and analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.	483.420(1)(6) 483.420(d)(2) 483.420(d)(4)	The results of all investigations are reported to the administrator or designated representative or to other officials in accordance with State law within 5 working days of the incident and, if the alleged violation is verified, appropriate corrective action is taken.

REDUCING RISKS

Adapted from presentation by Dick Sobsey titled Violence and Disability, Reducing the Risks,[1] the following represents a framework for promoting and enhancing safety in any setting where people with developmental disabilities receive services.

Reducing the Vulnerability of Individuals

- Teach communication.
- Teach choice.
- Encourage cooperation, not compliance.
- Teach sex education.
- Teach personal safety skills.

Avoid Predatory Caregivers

- Complete criminal background checks for new staff.
- Pre-screen new staff. (In California for health facility employees, use the Interactive Voice Response Unit (IRVU) database to determine if the employee has been denied clearance in the past. Contact the Department of Health, Licensing and Certification, for further information on this system)
- Always carefully check references.
- Look for problems with authority during the interview process.
- Assess the applicant for positive care giving traits.

Train and Support Staff

- Encourage healthy bonding between employees and individuals receiving services.
- Discuss any abuse problems openly.
- Train reporting.
- Support good staff.
- Allow staff to contribute to solutions.
- Teach effective behavior management.
- Always protect those who report possible abuse.

Create and Support Inclusion

- Encourage participation as members of the community.
- Contribute to community crime prevention.
- Minimize isolation
    - ✓ Help people build healthy friendships.
    - ✓ Encourage appropriate sexual relationships.

[1] Sobsey, Dick (1994) Violence in the lives of People with Disabilities: The End of Silent Acceptance? Baltimore: Paul H. Brooks

DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958

September 23, 2003

Copy

TO: LONG-TERM HEALTH CARE FACILITY PROVIDERS SERVING REGIONAL CENTER CONSUMERS

RE: SPECIAL INCIDENT REPORTING REQUIREMENTS

The purpose of this letter is to clarify who is required to report special incident reports (SIR) to the regional center and to provide general information regarding SIR reporting. In 2001, the law was changed to provide more specific SIR definitions and to require reporting by long-term health care facilities serving regional center consumers. The regulations define long-term health care facilities as Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N).

Two types of SIRs (consumer death and victim of a crime) are reportable, regardless of when or where they occurred; all other Title 17 reportable incident types must be reported if the incident occurred during the time the consumer was receiving services and supports from any regional center vendor or long-term health care facility. The SIR must be sent to the vendoring regional center and the regional center responsible for case management of the involved consumer (if they are not the same regional center).

In additional, when a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division the long-term health care facility shall also report the unusual occurrence to the regional center.

Enclosed is a reference list of SIR types and the information to be included in the report. Please feel free to post the listing, use it for training purposes, or use it in any other way you find useful.

The SIR information is used by regional centers and the State of California (State) to better understand the causes of special incidents and for implementing strategies to decrease risks to consumers. Both the regional centers' and the State's risk management efforts rely on consistent reporting of SIRs. Also, enclosed for your reference is a copy of the SIR reporting regulations (Enclosure A).

Thank you for your cooperation. If you have any questions regarding these materials, please contact your local regional center.

Sincerely,

ORIGINAL SIGNED BY

DALE A. SORBELLO
Deputy Director
Community Operations Division

Enclosures

cc: Regional Center Directors
ARCA
Department of Health Services

Special Incident Reporting Requirements
Title 17, Section 54327

Required to be reported to the regional center regardless of when or where they occurred:

- **The death of any consumer, regardless of cause**
- **The consumer is the victim of the following crimes:**
  - Robbery
  - Aggravated Assault
  - Larceny
  - Burglary
  - Rape, including rape and attempts to commit rape

Required to be reported to the regional center if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:

- **The consumer is missing and a missing persons report has been filed with a law enforcement agency**
- **Reasonably suspected neglect, including failure to:**
  - Provide medical care for physical and mental health needs
  - Prevent malnutrition or dehydration
  - Protect from health and safety hazards
  - Assist in personal hygiene, or the provision of food, clothing or shelter
  - Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult
- **Unplanned or unscheduled hospitalization due to:**
  - Respiratory illness
  - Seizures
  - Cardiac-related hospitalization
  - Internal infections, including ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract
  - Diabetes and diabetes-related complications
  - Wound/skin care, including cellulitis and decubutus
  - Nutritional deficiencies, including anemia and dehydration
  - Involuntary psychiatric admission
- **Reasonably suspected abuse/exploitation, including:**
  - Physical
  - Sexual
  - Fiduciary
  - Emotional/mental
  - Physical and/or chemical restraint
- **Serious injury/accident including:**
  - Lacerations requiring sutures or staples
  - Puncture wounds requiring medical treatment beyond first aid
  - Fractures
  - Dislocations
  - Bites that break the skin and require medical treatment beyond first aid
  - Internal bleeding requiring medical treatment beyond first aid
  - Any medication errors
  - Medication reactions that require medical treatment beyond first aid
  - Burns that require medical treatment beyond first aid

September 2003

When reporting a special incident to the regional center, it is important to include:

- The date, time and location of the special incident;
- The name(s) and date(s) of birth of the consumer(s) involved;
- A description of the incident;
- The treatment provided to the consumer, if any;
- The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
- The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and,
- All other information required by Title 17

California Code of Regulations
Title 17, Division 2
Chapter 3: Community Services

SubChapter 2: Vendorization

Article 2: Vendorization Process

Section 54302 - Definitions

(a) The following definitions shall apply to the language contained in Sections 54310 through 54390 of these regulations:

(1) "Activity Center" means a community-based day program that serves adults who generally have acquired most basic self-care skills, have some ability to interact with others, are able to make their needs known, and respond to instructions. Activity center programs focus on the development and maintenance of the functional skills required for self-advocacy, community integration and employment;

(2) "Adult" means a person 18 years of age or older;

(3) "Adult Day Health Care Program" means an Adult Day Care Health Care Program as defined in Health and Safety Code Section 1570.7(a);

(4) "Adult Day Programs" means those community-based day programs defined in (a)(1), above and (a)(6), (11), (13), (31), and (60) below;

(5) "Adult Day Services" means the broad category of nonresidential services under which adult day programs are categorized;

(6) "Adult Development Center" means a community-based day program that serves adults who are in the process of acquiring self-help skills. Individuals who attend adult development centers generally need sustained support and direction in developing the ability to interact with others, to make their needs known, and to respond to instructions. Adult development center programs focus on the development and maintenance of the functional skills required for self?advocacy, community integration, employment, and self-care;

(7) "Age Appropriate" means the consideration of the chronological age of the person in the use of activities, instructional locations, and techniques;

(8) "Applicant" means an individual or entity that desires to be a vendor;

(9) "Authorized Agency Representative" means a person authorized to act on behalf of either the Department or the regional center, by law, by court order, or by a written statement signed by the Director of the Department or the regional center director, respectively;

(10) "Authorized Consumer Representative" means the parent or guardian of a minor, conservator of an adult, or person who is legally entitled to act on behalf of the consumer;

(11) "Behavior Management Program" means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible

for or acceptable in any other community-based day program;

(12) "Child" means a person under the age of 18 years;

(13) "Community-based Day Programs" means those programs which provide services to individuals on an hourly or daily basis, but less than a 24-hour basis in the community rather than at a developmental center. Only the following types of services are community-based day programs: activity centers, adult development centers, behavior management programs, independent living programs, infant development programs and social recreation programs;

(14) "Community Integration" means presence, participation and interaction in natural environments;

(15) "Congregate Living Health Facility" means a Congregate Living Health Facility as defined in Health and Safety Code Section 1250(i)(1);

(16) "Consumer" means an individual who has been determined by a regional center to meet the eligibility criteria of the Welfare and Institutions Code, Section 4512, and of Title 17, Sections 54000, 54001 and 54010, and for whom the regional center has accepted responsibility;

(17) "Controlling Agency" means any agency, department, or commission that by statute requires standards to be met for the issuance of a license, credential, registration, certificate or permit required for the operation or provision of service;

(18) "Days" means calendar days unless otherwise stated;

(19) "Department" means the Department of Developmental Services;

(20) "Developmental Center" means any institution referred to in the Welfare and Institutions Code, Section 4440. Developmental Center is synonymous with state hospital;

(21) "DHS" means the Department of Health Services;

(22) "DSS" means the Department of Social Services;

(23) "Direct Care Staff" means staff who personally provide direct services to consumers. Personnel who are responsible for other staff functions may be considered direct care staff only during that time when they are providing direct services to consumers or are involved in program preparation functions;

(24) "Direct Services" means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 of these regulations;

(25) "Director" means the Director of the Department of Developmental Services;

(26) "Family Member" means an individual who: A) Has a developmentally disabled person residing with him or her; B) Is responsible for the 24-hour care and supervision of the developmentally disabled person; and C) Is not a licensed or certified resident care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided;

(27) "Functional Skills" means those skills which enable an individual to communicate, interact with others and to perform tasks which have practical utility and meaning at home, in the community or on the job;

(28) "Generic Agency" means any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services;

(29) "Generic Support(s)" means voluntary service organizations, commercial businesses, non-profit organizations, generic agencies, and similar entities in the community whose services and products are regularly available to those members of the general public needing them;

(30) "Group Practice" means more than one individual which functions as a business entity while providing services to individuals;

(31) "Independent Living Program" means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self?sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs;

(32) "Individual Program Plan (IPP)" means a written plan that is developed by a regional center Interdisciplinary (ID) Team, in accordance with the provisions of the Welfare and Institutions Code, Sections 4646 and 4646.5;

(33) "Infant Development Program" means a community-based day program defined in the Welfare and Institutions Code, Section 4693;

(34) "In-home Respite Services" means intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home and designed to do all of the following:

(A) Assist family members in maintaining the consumer at home;

(B) Provide appropriate care and supervision to protect the consumer's safety in the absence of family members;

(C) Relieve family members from the constantly demanding responsibility of caring for a consumer; and

(D) Attend to the consumer's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member;

(35) "Interdisciplinary (ID) Team" means the group of persons convened in accordance with the Welfare and Institutions Code, Section 4646, for the purpose of preparing a consumer's IPP;

(36) "Intermediate Care Facility" means an Intermediate Care Facility as defined in Health and Safety Code Section 1250(d);

(37) "Intermediate Care Facility/Developmentally Disabled (ICF/DD)" means a licensed residential health facility which provides care and support services to developmentally disabled consumers whose primary need is for developmental services and who have a recurring, but intermittent, need for skilled nursing services;

(38) "Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H)" means a licensed

residential health facility which has as its primary purpose the furnishing of 24-hour personal care, developmental training, habilitative, and supportive health services in a facility with 15 beds or less to residents with developmental disabilities;

(39) "Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD?N)" means a licensed residential health facility which has as its primary purpose the furnishing of 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4-15 beds to medically fragile developmentally disabled consumers, or to consumers who demonstrate a significant developmental delay that may lead to a developmental disability if not treated. Such consumers must have been certified by a physician as not requiring skilled nursing care;

(40) "Long-Term Health Care Facility" means an Adult Day Health Care Program, a Congregate Living Health Facility, a Skilled Nursing Facility (SNF), an Intermediate Care Facility (ICF), an Intermediate Care Facility/Developmentally Disabled (ICF/DD), an Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H), or an Intermediate Care Facility/Developmentally Disabled?Nursing(ICF/DD-N);

(41) "Management Organization" means a separate and distinct corporation or entity which operates two or more services;

(42) "Mobility Training" means individually planned activities and instruction which enable adults with developmental disabilities to utilize the most normalizing independent transportation modes possible;

(43) "Natural Environment" means places and social contexts commonly used by individuals without developmental disabilities;

(44) "Natural Supports" means, pursuant to Welfare and Institutions Code, Section 4512(e), personal associations and relationships typically developed in the family and community that enhance or maintain the quality and security of life for people;

(45) "Nonresidential Services" means all services provided by any vendor other than a residential facility;

(46) "Nursing Facility" means a licensed health facility or a distinct part of a hospital which provides continuous skilled nursing and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary and pharmaceutical services, and an activity program;

(47) "Program Preparation Functions" means secondary activities performed by non-residential direct care staff, such as preparation of lesson plans, completion of the necessary documentation required by these regulations, preparation and clean-up of the area where the direct service is provided to consumers, or involvement in other duties such as staff meetings and parent conferences;

(48) "Purchase of Service Funds" means those funds identified in the Budget Act for the purpose of purchasing services, provided by vendors, for consumers;

(49) "Reasonably suspected" means an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect abuse.

(50) "Regional Center" means a diagnostic, counseling, and service coordination center for developmentally disabled persons and their families which is established and operated pursuant to the Welfare and

Institutions Code, Sections 4620 through 4669, by a private nonprofit community agency or corporation acting as a contracting agency. As used in these regulations, any reference to the regional center shall, by reference, be applicable to those agencies or persons with which the regional center contracts to provide service coordination to consumers under the provisions of the Welfare and Institutions Code, Section 4648;

(51) "Residential Facility" means any licensed community care facility as defined in Health and Safety Code Section 1502(a)(1), (4), (5) or (6), or a licensed residential care facility for the elderly as defined in Health and Safety Code Section 1569.2;

(52) "Self-Advocacy" means the awareness, motivation and ability of an individual to represent and communicate his or her own interests, to exercise personal choice, to exert control over his or her environment, and to avoid exploitation and abuse;

(53) "Self-Care" means meeting one's physical and personal needs, such as dressing, grooming and hygiene without dependence on others or having the ability to direct others to meet those needs;

(54) "Service Catchment Area" means the geographical area within which a regional center provides services specified in its contract with the Department as required by the Welfare and Institutions Code, Section 4640;

(55) "Service Code" means a number which is assigned by the vendoring regional center to a vendor which indicates the type of authorized service to be provided;

(56) "Service Contract" means an agreement entered into between a regional center and a non?residential vendor which specifies the level of payment and units of service to be used by the vendor to charge and invoice the regional center for services provided to consumers;

(57) "Service Design" means a written description of the service delivery capabilities and orientation developed, maintained, and implemented by a SLS vendor.

(58) "Services" means assistance provided, and duties performed, by a vendor for a consumer;

(59) "Skilled Nursing Facility (SNF)" means a Skilled Nursing Facility as defined in Health and Safety Code Section 1250(c).

(60) "Social Recreation Program" means a community-based day program which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits;

(61)"Special Incident Report" is the documentation prepared by vendor staff or long-term health care facility staff detailing a special incident and provided to the regional center.

(62) "Staffing Ratio" or "Staff-to-Consumer Ratio" means the numerical relation of the number of direct care staff to the number of consumers.

(63) "Statewide Vendor Panel" means the statewide listing of all vendors which contains information specified in Section 54334 of these regulations.

(64) "Subcode" means a series of a maximum of five numbers and/or letters which is assigned by the vendoring regional center to a vendor for billing purposes;

(65) "Supported Living Service(s) (SLS)" means those services and supports referenced in Section 54349(a) through (e), and specified as SLS service and support components in Title 17, Section 58614, which are provided by a SLS vendor, paid for by the regional center, and support consumers' efforts to:

(A) Live in their own homes, as defined in Title 17, Section 58601(a)(3);

(B) Participate in community activities to the extent appropriate to each consumer's interests and capacity; and

(C) Realize their individualized potential to live lives that are integrated, productive, and normal;

(66) "Unit of Service" means the increment of service provided to consumers which is used to charge and invoice the regional center for services provided. The increment of service is specified as hours, days, transportation mileage or any other increment of service agreed to by the Department, regional center and the vendor;

(67) "User Regional Center or Utilizing Regional Center" means any regional center which utilizes a service within the vendoring regional center's catchment area;

(68) "Vendor" means an applicant which has been given a vendor identification number and has completed the vendorization process, and includes those specified in Section 54310(d), and (e);

(69) "Vendor Application" means the form, DS 1890 (12/92), which contains the information specified in Section 54310(a)(1) through (10) of these regulations;

(70) "Vendor Identification Number" means the unique number which is assigned to each vendor in order to establish a recordkeeping and tracking system for regional centers' billing purposes;

(71) "Vendoring Regional Center" means the regional center in whose service catchment area the vendor is located;

(72) "Vendorization" means the process used to:

(A) Verify that an applicant meets all of the requirements and standards pursuant to Section 54320(a) of these regulations prior to the provision of services to consumers; and

(B) Assign vendor identification numbers, service codes and subcodes, for the purpose of identifying vendor expenditures;

(73) "Voucher" means a written authorization issued by a regional center to a family member or consumer to procure the service for which the voucher was issued and which specifies the maximum reimbursement authorized by the regional center.

Authority: Sections 4405, 4648(a), and 4689.7(c), Welfare and Institutions Code; and Section 11152, Government Code.
Reference: Sections 1250 and 1502, Health and Safety Code; Sections 240, 242, 243.4, 245, 261, 264.1, 285, 273d, 285, 286, 288, 288a, 289, 311.2, 311.3, 311.4, 647a, 11165.1, 11165.2, 11165.3 and 11165.6, Penal Code; Sections 4504, 4512(i), 4646.5, 4648(a), 4689.7(c), 4691, 4693, 4791, 15610.57 and 15610.63; and Article II, Chapter 5, Welfare and Institutions Code.

California Code of Regulations
Title 17, Division 2
Chapter 3: Community Services

SubChapter 2: Vendorization

Article 2: Vendorization Process

Section 54327 - Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities

(a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

(b) All vendors and long-term health care facilities shall report to the regional center:

(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:

(A) The consumer is missing and the vendor or long-term health care facility has filed a missing persons report with a law enforcement agency;

(B) Reasonably suspected abuse/exploitation including:

1. Physical;
2. Sexual;
3. Fiduciary;
4. Emotional/mental; or
5. Physical and/or chemical restraint.

(C) Reasonably suspected neglect including failure to:

1. Provide medical care for physical and mental health needs;
2. Prevent malnutrition or dehydration;
3. Protect from health and safety hazards;
4. Assist in personal hygiene or the provision of food, clothing or shelter; or
5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

(D) A serious injury/accident including:

1. Lacerations requiring sutures or staples;
2. Puncture wounds requiring medical treatment beyond first aid;
3. Fractures;
4. Dislocations;
5. Bites that break the skin and require medical treatment beyond first aid;
6. Internal bleeding requiring medical treatment beyond first aid;
7. Any medication errors;
8. Medication reactions that require medical treatment beyond first aid; or
9. Burns that require medical treatment beyond first aid.

(E) Any unplanned or unscheduled hospitalization due to the following conditions:

1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
2. Seizure-related;
3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;
5. Diabetes, including diabetes-related complications
6. Wound/skin care, including but not limited to, cellulitis and decubutus; 7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
8. Involuntary psychiatric admission;

(2) The following special incidents regardless of when or where they occurred:

(A) The death of any consumer, regardless of cause;

(B) The consumer is the victim of a crime including the following:

1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;

2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;

3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;

4. Burglary, including forcible entry; unlawful non-forcible entry; and attempted forcible entry of a structure to commit a felony or theft therein;

5. Rape, including rape and attempts to commit rape.

(C) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.

(d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.

(e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:

(1) The vendor or long-term health care facility's name, address and telephone number;
(2) The date, time and location of the special incident;
(3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;
(4) A description of the special incident;
(5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator (s) of the special incident, if applicable;
(6) The treatment provided to the consumer(s), if any;

(7) The name(s) and address(es) of any witness(es) to the special incident;
(8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
(9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
(10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.

(f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.

(g) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.

(h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.

(1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.

(i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

(1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.

(j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).

(k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.

Authority: Section 11152, Government Code.
Reference: Sections 4500, 4501, 4502, 4648, 4648.1 and 4742, Welfare and Institutions Code.